

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8562

Do not use this space.

## 1. PLACE OF DEATH

(a) County North Allen Registration District No. 905  
(b) Township 2 Primary Registration District No. 6216  
(c) City Denver (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
\_\_\_\_\_ yrs. mos. ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. North Co. Mrs. Rural  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delma Eaton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1863  
7. AGE YEARS 76 MONTHS 9 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) North County, Mo. (STATE OR COUNTRY)

13. NAME George W. Eaton  
14. BIRTHPLACE (CITY OR TOWN) North County, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Killingsworth  
16. BIRTHPLACE (CITY OR TOWN) V.S. (STATE OR COUNTRY)

17. INFORMANT Sura Eaton (ADDRESS) Denver, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wharton DATE Jan. 29, 1940

19. FUNERAL DIRECTOR (NAME) Branch Bros (ADDRESS) Denver, Mo.

20. FILED Mar 1, 1940 A. L. Perry Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1940

22. I HEREBY CERTIFY That I attended deceased from January 4th, 1940 to Death, 19\_\_\_\_  
I last saw him alive on January 27, 1940 Death is said to have occurred on the date stated above, at 9:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis? Date of onset \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis.

Name of operation ✓ Date of \_\_\_\_\_

What test confirmed diagnosis? ✓ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. H. Bailey D.O.

525 (Address) Denver, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. A. Brown*

Licensed Embalmer No. *2947*

P. O. Address *Denver, 1/18*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**