

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11160**
Registrar's No. **19**

Registration District No. **391**

Primary Registration District No. **4230**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's of Ozarks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph Sylvanus Eaton **352**

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Etta Eaton

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov. 25, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Dixon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER

12. Name Henry Eaton

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Eaton

(b) Address Farmington Mo.

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof 3/4/40
(Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 121 1/2 W. Ironton Mo.

19. (a) Mar. 7 8-40 (b) Julia H. Hunter
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bismarck
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1940 hour 2:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 27
1940 to March 1 1940
that I last saw him alive on March 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar

Due to Apoplexy

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Duration _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) !
Address Ironton, Mo. Date signed 3-4-40

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 Arnell J. White
Licensed Embalmer No. 3012
P. O. Address Houston Tex

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.