

Registration District No. **1-1949**

Primary Registration District No. **4408**

Registrar's No. **38 C**

1. PLACE OF DEATH:
(a) County **Pike**
(b) City or town **Bowling Green**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether
In this community **entire life**
years, months or days)

3. (a) PRINT FULL NAME **James Boone Eastin**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **498-12-5649**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 24 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **Lincoln Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **Pipe Factory**

MOTHER FATHER
12. Name **C.C. Eastin**
13. Birthplace **Lincoln Co Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Barnes**
15. Birthplace **Lincoln Co Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lillian Eastin**
(b) Address **Bowling Green Mo.**
17. (a) **BURIAL** (b) Date thereof **9-29-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bowling Green Cemetery**

18. (a) Signature of funeral director **Wm. W. Summers**
(b) Address **Bowling Green Mo.**
19. (a) **9-30-40** (b) **W. Summers**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pike**
(c) City or town **Bowling Green**
(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 **Sept** day **26th**
year **1940** hour _____ minute _____
21. I hereby certify that I attended the deceased from **Sept. 25th A.M.**
_____, 1940, to **26th**, 1940;
that I last saw him **alive on Sept. 25th**, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** Duration _____
Due to _____
Due to **74 W**

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations **X X**
Of autopsy **X X**
PHYSICIAN _____
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) **X X**
(b) Date of occurrence **X X**
(c) Where did injury occur? **X X X**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home (Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature **W. W. Summers** (M. D. or other) _____
Address **Bowling Green, Mo.** Date signed **9-28-40**

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.

RECEIVED

District Health Officer No: 10

District File Number 10-40-1853

Date Filed OCT 8 1940

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 Wm B. Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green,

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.