

BUREAU OF THE CENSUS  
FILED OCT 19 1940

Registration District No. 839

Primary Registration District No. 4510

Registrar's No. 25

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

1. PLACE OF DEATH

(a) County Stoddard  
(b) City or town Essex mo  
(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 20  
(Specify whether)

In this community  
years, months or days

8. (a) PRINT FULL NAME Jack Eaton

3. (b) If veteran name was Jack Eaton 8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jeda Eaton 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 20, 1901  
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Essex mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Joe Eaton  
13. Birthplace Ind  
14. Maiden name Maney Stephens  
15. Birthplace Essex mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Goodwin  
(b) Address Essex mo

17. (a) Burial (b) Date thereof Sept 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex mo

18. (a) Signature of funeral director Walter Goodwin

(b) Address Essex mo 754

19. (a) 10-1-40 (b) J. O. Brandon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18  
year 1940 hour 13 minute 40 AM/PM

21. I hereby certify that I attended the deceased from Apr 17 1940  
to Apr 18 1940

that I last saw him alive on Apr 16 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Crebra

Due to Paralysis

Due to 2 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 Walter Goodwin (M. D. or other)!

Address Essex mo Date signed

Duration

3 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

132

RECEIVED

District Health Officer No. 2,

District File Number

1040-1598

Date Filed

10/15/40

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.....

*Virgil H. Welch*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Virgil H. Welch*

Licensed Embalmer No. *4102*

P. O. Address *Dexter, Mo.*

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.