No. 2
4-13-40
-17-39

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41834

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1274

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospt. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 da. (Specify whether
In this community 9 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 3901 King Hill Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Clarence Thomas Eaton
3. (b) If veteran, name war none
3. (c) Social Security No. 487-05-0048
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glendora E. Eaton
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 18, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	4	17	____ hr. ____ min.

9. Birthplace Ridgeway, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer, Wool House
11. Industry or business Swift & Co.
FATHER
12. Name John Eaton
13. Birthplace Indianapolis (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Ella Dillon
15. Birthplace Cincinnatti (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Glendora E. Eaton
(b) Address 3901 King Hill Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ridgeway, Mo.
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) Dec 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1940 hour 4 minute 45: a M.
21. I hereby certify that I attended the deceased from Nov. 25, 1940 to Dec 5, 1940 that I last saw him alive on Dec - 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Acute Coronary Thrombosis	6 days
Due to Coronary Sclerosis	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 94 B-	
Of autopsy no	

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address [signature] Date signed 12-5-40

(Licensed Embalmer's Statement on Reverse Side) S. & SURG. BLDG. ST. JOSEPH

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~~ Dec. 5, 19

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

working under my personal supervision.

Signed: Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph Mo.

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

If this body is not embalmed, fact should be so stated above.