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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2361

Registration District No. 29

Primary Registration District No. 4141

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Crawford Mo

(b) City or town Steubenville 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 _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Jesse M Eaton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Jesse M Eaton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 78 Months 6 Days 29 If less than one day hr. _____ min. _____

9. Birthplace: Crawford County Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation none

11. Industry or business _____

12. Name Jesse M Eaton

13. Birthplace Crawford County Mo (City, town, or county) (State or foreign country) 0

14. Maiden name Marion Harrison

15. Birthplace Crawford County Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Lizzie Eaton

(b) Address Steubenville Mo

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation Crawford Cemetery

18. (a) Signature of funeral director L. Harrison & Son

(b) Address Steubenville Mo

19. (a) 7-10-41 (b) _____ (Registrar's signature)

(Data received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford Mo

(c) City or town Steubenville (If outside city or town limits, write "RURAL") 0

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1941 hour _____ minute _____ M. 1

21. I hereby certify that I attended the deceased from Nov 20, 1941, to Nov 21, 1941

that I last saw him alive on Nov 21, 1941

and that death occurred on the date and hour stated above

Immediate cause of death Bronchial pneumonia

Due to Acute Myel. Leukemia

Due to _____

Other conditions: (Include pregnancy within 3 months of death) 10/11/41

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? 0

While at work? 207 (Specify type of place) _____ (e) Means of injury 0

23. Signature A. B. Parker M.D. (M. D. or other) _____

Address _____ Date signed _____

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

8
2
1

RECEIVED

District Health Officer No. 5,

District File Number. 241299

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, fact should be so stated above.