

Registration District No. 278

Primary Registration District No. 4222

45

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

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howard
(c) City or town Fayette 45
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Church St 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Clara Ellen Hill Eaton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1941 hour _____ minute 2 P. M.

21. I hereby certify that I attended the deceased from 2-19 1941, to 2-19 1941, that I last saw her alive on 2-19 1941, and that death occurred on the date and hour stated above.

Immediate cause of death

Thrombosis Coronary
Due to Chr. Myocarditis

Duration

4 hrs.

Due to

93A
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 3141
(Specify type of place) _____ While at work? _____ (e) Means of injury _____

3. (a) PRINT FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased June 15 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Wayne Co. IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business

12. Name Joseph B. Hill

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

14. Maiden name Sarah Coan

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

16. (a) Informant Mildred O. Eaton

(b) Address 404 Church Fayette, Mo.

17. (a) Removal (b) Date thereof Feb 19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springville, Mo.

18. (a) Signature of funeral director W. B. Blossom

(b) Address Unionville, Mo.

19. (a) 2-20-41 (b) Anna P. Sunde
(Date received local registrar) (Registrar's signature)

23. Signature W. B. Blossom (M. D. or other) M.D.

Address Fayette Date signed 2-20-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-41

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 Murd E. Hustedson
Licensed Embalmer No. 3304
P. O. Address Unionville, 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.