

MADE MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14143

State File No. _____

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 123

1. PLACE OF DEATH
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution St. Louis Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) county Cape
(c) City or town Girardeau
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Clarence Eaton

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

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

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

7. Birth date of deceased: Aug 20 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Essex mo R 2
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name D F Eaton

13. Birthplace Wayne Co 1 201
(City, town, or county) (State or foreign country)

14. Maiden name Edith Adair

15. Birthplace Wayne Co 1 201
(City, town, or county) (State or foreign country)

16. (a) Informant D F Eaton

(b) Address Essex mo R 2

17. (a) Burial (b) Date thereof 3-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belalga mo

18. (a) Signature of funeral director W. J. H. H. H.
(b) Address Essex mo

19. (a) 4-10-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24
year 1941 hour 4 minute 10 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis

Due to _____
Due to _____

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? 12 (Specify type of place) (e) Means of injury _____

23. Signature W. J. H. H. H. (M. D. or other) _____
Address Essex Date signed 4/10/41

Duration _____
PHYSICIAN _____
Underlines the cause to which death should be charged statistically.

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

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 *Deer - 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.