

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41842

Do not use this space.

1. PLACE OF DEATH

(a) County Warrison Registration District No. 334  
 (b) Township Bethany Twp Primary Registration District No. 5465  
 (c) City or                      (d) Street No.                      St.                       
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chas Blueford Eaton

(a) Residence, No.                      St.                      (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married!

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Eaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 7 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.                       
 10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) Near Indianapolis Ind!  
 (STATE OR COUNTRY)

13. NAME Wesley A Eaton

14. BIRTHPLACE (CITY OR TOWN) Indiana!  
 (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Meyers

16. BIRTHPLACE (CITY OR TOWN) Indiana!  
 (STATE OR COUNTRY)

17. INFORMANT W. W. Eaton  
 (ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Widgeway Cemetery DATE Dec 28, 1941

19. FUNERAL DIRECTOR (NAME) Joe E. Wheeler  
 (ADDRESS) Bethany Mo

20. FILED 12/31, 1941 Zola M. Burris  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1941, to Dec 27, 1941

I last saw him alive on Dec 27, 1941. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Prostate Gland, Complicated with Pathoma & Nephritis

Date of onset

Other contributory causes of importance: 518

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                      Date of injury                     , 19                    

Where did injury occur?                      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.                     

Manner of injury                     

Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify                      (Signed) Ernest L. Wood M.D.  
Bethany Mo (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

*Joe E Wheeler*

Licensed Embalmer No. *3512*

P. O. Address. *Bethany MD*

**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.**