. No. 2
—1-4-41
5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 1408

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6334

Primary Registration District No. 8011

Registrar's No. 27

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mitchell Clinic O.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Yes (Specify whether)
In this community: 57 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No.: 2 Mi West Ex. Spgs
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EDNA M. EASTIN

3. (b) If veteran, name war: No

3. (c) Social Security No.: 491-01-9008

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: W. J. Eastin

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Aug (Month) 31 (Day) 1884 (Year)

8. AGE: Years 57 | Months 5 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace: Clay Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Asst Cashier

11. Industry or business: Clay Co State Bank

MOTHER FATHER

12. Name: Will Hugh Crouch

13. Birthplace: Clay Co (City, town, or county) Mo (State or foreign country)

14. Maiden name: Margaret E. Hart

15. Birthplace: Clay Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: W. Jay Eastin

(b) Address: Excelsior Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 12-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: Herbert Hope

(b) Address: Excelsior Springs Mo.

19. (a) 2-20-42 (Date received local registrar) (b) Mrs Sadie Redmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 10 year: 1942 hour: 7 — minute: 15 P.M.

21. I hereby certify that I attended the deceased from: Oct 14 — 1941 to: Feb-10 1942; that I last saw her alive on: Feb 10 — 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Immediate cause of death: Inanition and Cachexia —	1 mo.
Due to: Carcinoma of Rt. Breast-Right Axillary	9 mo.
Due to: Spaces and Rt. Supra Clavicular Lymph Glands	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 50
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Excelsior Springs Mo Date signed: 2-11-42

(Licensed Embalmer's Statement on Reverse Side)

1164

SEP 18
RECEIVED
Health Officer No. 8,
3-11-42

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.