

FILED MAR 13 1942

Registration District No. 906

Primary Registration District No. 6224

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town Hartville Rural Boone
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8 miles north west of Hartville
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____
 (Specify whether years, months or days)
 In this community 59 yrs.

3. (a) PRINT FULL NAME EMMA EATON

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

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

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

7. Birth date of deceased 4 16 1857
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>84</u>	<u>9</u>	<u>24</u>	hr. min.

9. Birthplace Milford Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Ludd Rector

13. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Otto Wiseman
(b) Address Hartville Mo.

17. (a) HOSPITAL (b) Date thereof 2 II 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Gene E. Holdren
(b) Address Hartville Mo.

19. (a) Feb 10-42 (b) W. T. Myerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 6224 (b) County Wright 114
 (c) City or town Hartville Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8 miles north west of Hartville
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1942 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from Feb. 9
er, 19 42 Feb. 9, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 3 yrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 928

Major findings: Of operations _____
Of autopsy No 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? _____ (Specify type of place) (e) Means of injury 0

28. Signature J. R. Mott (M. D. coroner)
Address Hartville Mo Date signed 2-10/42

RECEIVED

District Health Officer No. 6,

District File Number 342-333

Date Filed MAR 11 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Eastville 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.