S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

11188

State File No. .....

Registration District No. 447 Primary Registration District No. 4286 Registrar's No. 24

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

056 1 0

**1. PLACE OF DEATH:**

(a) County Lewis Co

(b) City or town Canton Tuna
(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 Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lewis 056 1 0

(c) City or town Canton
(If outside city or town limits, write "RURAL")

(d) Street No. 506 Henderson Ave
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME John H Eagleson.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife BESSIE

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased DEC (Month) 4 (Day) 1875 (Year)

8. AGE: Years 66 Months 3 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Canton (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name James Eagleson
13. Birthplace Unknown Tennessee (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Christina Price
15. Birthplace Canton (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs James Eagleson
(b) Address Canton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 15 (Day) 42 (Year)

(c) Place: burial or cremation Canton Mo

18. (a) Signature of funeral director W D Kelly
(b) Address Canton Mo

19. (a) Mar. 13, 1942 (Date received local registrar) (b) R W Jennings MD (Registrar's signature)

487

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 13 year 1942 hour 5 ~~minute~~ A. M.

21. I hereby certify that I attended the deceased from Dec. 1 1941, 19..., to Mar. 13, 1942 that I last saw him alive on Mar. 12, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of left kidney | 1 yr. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

52a

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 R W Jennings (M. D. or ~~other~~) 0

Address Canton Mo. Date signed 3/13/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-9-710
Date Filed APR 9 1942

**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 W. D. Kelly, Registered Apprentice No. ....., working under my personal supervision.

Signed W. D. Kelly

Licensed Embalmer No. 1955

P. O. Address Canton 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, fact should be so stated above.**