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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21271

State File No.

Registration District No. 334

Primary Registration District No. 5476

Registrar's No. 51

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

1. PLACE OF DEATH: Harrison

(a) County Harrison

(b) City or town New Hampton Rural WhiteOak
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 1/2 Mile N.E. Of New Hampton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town New Hampton Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 Mile N E Of New Hampto
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Clarissa Easton

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1942 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from 11-1, 1942 to 6-1, 1942 that I last saw her alive on 6-1, 1942 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife F.P. Easton Deceased 6. (c) Age of husband or wife if alive 1859 years

7. Birth date of deceased Feb 18 1859
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Duration 4 years

8. AGE: Years 83 Months 3 Days 14 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Major findings: Of operations none Of autopsy none

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name James Flint

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

14. Maiden name Francis Noah

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bert Easton

(b) Address New Hampton Mo

17. (a) Burial (b) Date thereof June 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director W. A. Broyle

(b) Address New Hampton Mo

19. (a) 6-6-1942 (b) Joe M. Burris
(Date received local registrar) (Registrar's signature)

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 D

23. Signature W. A. Broyle (M. D. or other) _____

Address Bethany Mo Date signed 6-6-42

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.....

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

Signed.....

Licensed Embalmer No. *2904*

P. O. Address *New Hampton*

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.