

3. No. 2
4-13-40
5-17-39
P-I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21272

Registration District No. 334340

Primary Registration District No. 5476

Registrar's No. 50

1. PLACE OF DEATH:

(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 1 (Specify whether
In this community 40 Years 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 Hampton
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Franklin Pierce Easton

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

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

6. (b) Name of husband or wife Clarissa Easton 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Oct 19 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Steven Easton
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Monerva Hendern
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Easton
(b) Address New Hampton Mo

17. (a) Burial (b) Date thereof May 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antiok

18. (a) Signature of funeral director W. H. Noble
(b) Address New Hampton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-1, 1941, to 1942,
that I last saw him alive on 4-30, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 3 years

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

PHYSICIAN _____
Major findings: None
Of operations _____
Of autopsy None
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) _____ Means of injury 0

23. Signature W. A. Broyles (M. D. or other) _____
Address Bethany Mo Date signed 6-6-42

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

41
00

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.....

W G Noble

Licensed Embalmer No.....

2904

P. O. Address.....

Newington

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.