

S. No. 2
4-13-40
7. 5-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22019

State File No. _____

Registration District No. 688

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH: Pike
 (a) County Louisiana
 (b) City or town Pike Co. Hospital
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Pike Co. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Pike
 (c) City or town Bowling Green Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME NORMAN COLEMAN EASTON

3. (b) If veteran, name war X
 3. (c) Social Security No. none

4. Sex Male 5. Color or Trace White
 6. (a) Single, widowed, married, divorced 9
 6. (b) Name of husband or wife Anna Easton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 18 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Pike Co. Mo. _____
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farming

12. Name Norman Easton

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

14. Maiden name Fancy Jane
 15. Birthplace Pike Co Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Norman Easton
 (b) Address Larryville

17. (a) Burial (b) Date thereof 6-25-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellevue 6251942

18. (a) Signature of Burial Director Grace Paulskel
 (b) Address Bowling Green Mo

19. (a) 6-24-42 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
 year 1942 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from 6-24-42
 to 6-24-42, 1942 to 6-24-42, 1942
 that I last saw him alive on 6-24-42, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon
 Due to Secondary Anemia
Chronic moderate Hypertension
 Due to _____

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

Major findings: _____
 Of operations H6
 Of 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 _____

23. Signature [Signature] M. D. _____
 Address _____ Date signed 6-24-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1164 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 7-42-1431

Date Filed JUL 15 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed B. A. Roof

Licensed Embalmer No. 3084

P. O. Address Bowling Green, 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.