

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24160

State File No. _____

Registrar's No. _____

Registration District No. 231

Primary Registration District No. 4141

1. PLACE OF DEATH:

(a) County Bronford
(b) City or town Steelville Mo
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raney S. Eaton

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 3 Divorced

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

7. Birth date of deceased 8 18 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation man

11. Industry or business _____

12. Name Robert Eaton

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

14. Maiden name Marsha Jim Atkins

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

16. (a) Informant James Eaton

(b) Address Steelville Missouri

17. (a) _____ (b) Date thereof 10-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eaton Cemetery

18. (a) Signature of funeral director L. J. James

(b) Address Steelville Missouri

19. (a) 12-5-41 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8
year 1941 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from no
physician 19 10 to 11 19 19
that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Death Sudden Duration _____
Full dead while walking
on street, Probable
Due to Cerebral Hemorrhage
One side been paralyzed
Due to for 5 yrs past

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

Major findings: _____
Of operations § 301
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. G. Parker (M. D. or other) _____
Address Steelville Mo Date signed 10-9-41

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

228
028

RECEIVED
District Health Officer No. 8
District File Number 742460
Date Filed _____

RECEIVED
District Health Officer No. 5
District File Number 2425
Date Filed _____

RECEIVED
District Health Officer No. 5
District File Number _____
Date Filed _____

RECEIVED
District Health Officer No. 5
District File Number _____
Date Filed _____

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 _____

L. J. Jones
Licensed Embalmer No. 2379

P. O. Address _____
Shelville, 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.