

STANDARD CERTIFICATE OF DEATH

State File No. ....

RECORDED FOR THE CENSUS  
FILED SEP 25 1942

Registration District No. 113

Primary Registration District No. 5430

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Rural Central  
(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 Years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin  
(c) City or town Rural Central twp #1  
(If outside city or town limits, write "RURAL" (If rural, give location)  
(d) Street No. ....  
(e) If foreign born, how long in U. S. A. ? ..... years.

3. (a) PRINT FULL NAME Bell Eleanor Deaton

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Joseph Deaton 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Aug - 10 - 1887  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation None was it

11. Industry or business

MOTHER FATHER 12. Name Frederick Gos

13. Birthplace Douglas Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Jana Burton

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

16. (a) Informant Annate Deaton

(b) Address 51 - Clair Mo

17. (a) Burial (b) Date thereof Aug. 8 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Shirley Kitchell

(b) Address St. Clair

19. (a) 8/7/42 (b) W. E. Kitchell  
(Date received local registrar) (Registrar's signature)

1120 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1942 hour 1 minute 7 M.

21. I hereby certify that I attended the deceased from Oct. 14, 1941 to Aug - 7, 1942  
that I last saw her alive on Aug 7, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation  
Due to .....  
Duration Years

Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings: Of operations .....  
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) Means of injury

23. Signature W. E. Kitchell (M. D. or other) 8/8/42  
Address 51 - Clair Date signed

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

36000

SEP 21 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.

*Not Embalmed*

Signed.....

*Shenwood Kitchell*

Licensed Embalmer No. *3773*

P. O. Address *St Clair 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.**