

FILED JAN 13 1943

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 112

1. PLACE OF DEATH:

(a) County CLAY  
(b) City or town GALLITAN TWP.  
(c) Name of hospital or institution HOME - R. RIO NORTH - K.C. MO  
(d) Length of stay: In hospital or institution 1  
In this community 19 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CLAY JACKSONVILLE  
NORTH KANSAS CITY MO  
(d) Street No. R.R. 10.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

LA-VERNE CLARA EASTWOOD

(b) If veteran, name war. No (c) Social Security No. NONE

4. Sex FE-1 5. Color or race W- 6. (a) Single, widowed, married, divorced, or MARRIED  
(b) Name of husband or wife CHESTER C 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased OCT 1 - 1883

8. AGE: Years 59 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name DANIEL FISHER

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

14. Maiden name BOURKE

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

16. (a) Address R.R. 10 - NORTH - K.C. MO

17. (a) REMOVAL (b) Date thereof 12-30-42

(c) Place: burial or cremation INDIANAPOLIS IND

18. (a) Signature of funeral director O. V. Mast Memorial Home

19. (a) Dec 28 1942 (b) Date received local registrar (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1942 hour 3 minute 15 P.M.  
21. I hereby certify that I attended the deceased from Oct 20 1942 to Dec 27 1942  
that I last saw her alive on Dec 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature George C. Bee (M. D.) Address 1630 Prof Bldg Date signed 12/28/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-12-43

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

Howard G. Roe

Licensed Embalmer No.

2748

P. O. Address

4346 Jewell

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.