S. No. 2
1—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5633

State File No.

FILED FEB 19 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Washington (b) County: Chelan 999
(c) City or town: Manson 45
(If outside city or town limits, write "RURAL")
(d) Street No.: None 0
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME: Francis William Easley

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: 2 Widowed

6. (b) Name of husband or wife: Claudia Easley

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: May (Month) 12 (Day) 1864 (Year)

8. AGE: Years 78 Months 7 Days 23 If less than one day hr. min.

9. Birthplace: Macon Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: William Easley
13. Birthplace: / Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Mosebarger
15. Birthplace: / Ky. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lura Hill
(b) Address: La Plata, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Carmel Cemetery

18. (a) Signature of funeral director: Dee Riley
(b) Address: Kirksville, Mo.

19. (a) Jan. 18, 1943 (Date received local registrar) Mrs. J. C. Wagner (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1943 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 30 1942 to Jan 5 1943
that I last saw him alive on Jan 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myelogenous Leukemia

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy:

Duration

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

23. Signature: C. A. Laughlin M.D. (M. D. or other)
Address: Kirksville Mo. Date signed 1/6/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2643-380
Date Filed FEB 16 1943

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 D E E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.