

S. No. 2
1-9-41
5-17-39
PI X2244

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

ED MAY 12 1943

State File No. 14818

Registration District No. 200

Primary Registration District No. 304

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

(c) City or town Macon
(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 Harvey S. Easley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1943 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from 2-15 1943
to 3/25-1943
that I last saw him alive on 3/24 1943
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Easley

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

7. Birth date of deceased Nov. 12-1898
(Month) (Day) (Year)

Immediate cause of death Kidney insufficiency 1 year
Pyelo-nephritis 1 year

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Henry C. Easley

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

14. Maiden name Rebecca C. Trisby

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H. S. Easley

(b) Address Macon, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4-11-1943
(Month) (Day) (Year)

(c) Place: burial or cremation La Plata Cemetery

18. (a) Signature of funeral director Stephen & Scadding

(b) Address Macon, Mo.

19. (a) 4/15/43
(Date received from registrar)

(b) Jora B. Hunkler
(Registrar's signature)

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 M. P. [unclear]
Address Macon, Mo. Date signed 4/13/43

103 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-43-840

Date Filed Mar 10 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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.