S. No. 2
M—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21916

Registration District No. 2[illegible]

Primary Registration District No. 5738

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: La Plata Inc
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 86 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61 0

(c) City or town La Plata Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOHN THOMAS EASLEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased Dec (Month) 26 (Day) 1856 (Year)

8. AGE: Years 86 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Adair Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas M. Easley
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Stanford
15. Birthplace (City, town, or county) Ind 1 (State or foreign country)

16. (a) Informant G. B. Easley
(b) Address Gibbs, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-43 (Month) (Day) (Year)

(c) Place: burial or cremation New Harmony

18. (a) Signature of funeral director Foster P. Easley
(b) Address Brashear, Mo.

19. (a) 6-21-43 (Date received local registrar) (b) Nina Louch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17" year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 17, 1943, to June 17, 1943 that I last saw him alive on June 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death circulatory collapse	
Due to Arterial schlerosis and Hypertension	
Due to Chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Ralph W. Gillet (M. D. or other) DO

Address La Plata Mo Date signed 6/21/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Foster R. Easley

Licensed Embalmer No. 1146

P. O. Address Bradleyville 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.