

S. No. 2
M-5-42
5-17-39
1 X1222

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26252

State File No.

Registrar's No. 150

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

FILED AUG 11 1943 324
Registration District No.

Primary Registration District No. 6092

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Grand Pass
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grand Pass Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline
(c) City or town Grand Pass
(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 JACOB W EASTER

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 single
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased Oct - 15 - 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business:

MOTHER FATHER { 12. Name Allen Easter
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name:
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Humphreys
(b) Address Grand Pass mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July - 9 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Grand Pass Cem.

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall mo

19. (a) 7-9-43 (Date received local registrar) (b) Mrs T. O. Wallbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-4 1943 to 7-7 1943
that I last saw him alive on 7-6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Lobar Duration 2 days

Due to:

Due to:
Other conditions: Myocarditis chronic 4 years
(Include pregnancy within 6 months of death)

Major findings: 108
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?

(Specify type of place) While at work? (e) Means of injury: 0

23. Signature Geo A Kelling (M. D. or other)

Address Waverly mo Date signed 7-9-43

(Licensed Embalmer's Statement on Reverse Side)

1215

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

8-10-43

Dr. Jew A. Kelling
Hannely MW

Handwritten notes and scribbles at the top of the page.

Government notes

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

Harry Hershberger

Registered Apprentice No.

334

working under my personal supervision.

Signed

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton Md

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.