

FILED DEC 22 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5018

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: Children's Mercy Hospital
(d) Length of stay: In hospital or institution 1 month, 12 days, 3 hrs.
In this community 1 mo., 12 days, 3 1/2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(d) Street No. 3226 E. 7th
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Clifford James Eastley

3. (b) If veteran, name war no 3. (c) Social security No. no

4. Sex male 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 years

7. Birth date of deceased Nov - 1 1942 (Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 28 If less than one day .hr. .min.

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign county)

10. Usual occupation child

11. Industry or business

12. Name Eugene James Eastley

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

14. Maiden name La Thelma Mullikin (City, town, or county) (State or foreign country)

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

16. (a) Informant Sapherine Eastley (b) Address 3226 E. 7th St. Kansas City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs Mo

18. (a) Signature of funeral director H. E. Pritchard (b) Address Excelsior Springs Mo (c) Date received local registrar 11-29-43 (d) Registrar's signature H. E. Pritchard

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1943 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from Oct 17 1943 to Nov 29 43 that I last saw him alive on Nov 29 43 and that death occurred on the date and hour stated above.

Immediate cause of death Post mortem Defuse bronchopneumonia Febrile pneumonia Hydropericardium Nephritis

Other conditions (Include processes within 3 months of death) Cholecystitis Major findings: Of operations Passive congestion Of autopsy John Wilson

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) (e) Means of injury 23. Signature H. H. Perkins M.D. (Dr. D. or other) Address Mary Child Date signed 11-29-43

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

MOTHER FATHER

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.....

Will be embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Richard*

Licensed Embalmer No. *2751*

P. O. Address *Exelior Springs*

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.