DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1944

Registration District No. 2 33

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43378

Primary Registration District No. 4 41

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Bowling Green Mo (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Bowling Green, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Grace Ellen Eastin
3. (b) If veteran, name war X
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lee Eastin
6. (c) Age of husband or wife if alive Y years
7. Birth date of deceased Oct (Month) 31 (Day) 1878 (Year)

8. AGE: Years 65 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
12. Name Nathaniel Williams (FATHER)
13. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Mildred Young (MOTHER)
15. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature Mrs. Rice Morris
(b) Address Bowling Green, Mo. Rt. 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Louisville, Mo.
18. (a) Signature of funeral director Grace Bunfield
(b) Address Bowling Green Mo
19. (a) Dec 10/43 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1943 hour 5 minute 40 P.M.
21. I hereby certify that I attended the deceased from Nov. 30 1943, 19..., to Dec 4, 1943 that I last saw h. alive on Dec 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 9 days
Due to exposure
Due to
Other conditions (Include pregnancy within 3 months of death) Chr. Mitral Regurgitation — many yrs.

Major findings:
Of operations
Of autopsy No

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 Ellis Fishback (M.D. or other) DO
Address Bowling Green, Mo. Date signed 12-6-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 3-1-39 I X19511

RECEIVED
District Health Officer No. 10
District Number 1-44-186
Date Filed JAN 12 1944

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 Grace Banfelhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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, above space should be left blank.