

FILED MAY 5 1944

Registration District No. 59

Primary Registration District No. 5220

Registrar's No. 60

1. PLACE OF DEATH:

(a) County CASS.
(b) City or town Rural, Coldwater Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. At Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply.
(Specify whether
In this community 9 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 Miles N/E Drexel, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME AIMANZA D. ECTON,

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nannie M. Ecton. 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased March, 2, 1851.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 1 13 hr. min.

9. Birthplace Clark County, Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Retired.

MOTHER, FATHER { 12. Name James D. Ecton,
13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)
14. Maiden name Susan D. Poindexter,
15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. T. Lane,
(b) Address Drexel, Missouri.

17. (a) Burial (b) Date thereof 4/18/44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Drexel, Missouri.

19. (a) 4/17/44 (b) Margaret Telle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from April, 6, 1944 to April, 15, 1944
that I last saw him alive on April 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 3 das
Cerebral Hemorrhage 9 das
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) [check]
(b) Date of occurrence [check]
(c) Where did injury occur? [check]
(City or town) (County) (State)
(d) Did injury occur in or about home, in industrial place, in public place? [check]

While at work? [check] (Specify type of place) (e) Means of injury [check]
23. Signature Stanley Bannock (M.D. or other) D.O.
Address Drexel, Missouri Date signed 4/17/44

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

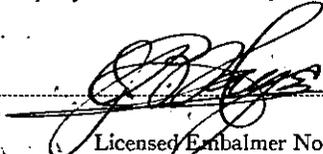
STATEMENT BY LICENSED EMBALMER

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


Licensed Embalmer No. 1950

P. O. Address Drexel Ave

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.