

0. 2  
8-43  
7-39  
X37823

FILED JUN 29 1944

State File No. \_\_\_\_\_

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 2572

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:  
3311 Gillham Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether 1)

In this community 25 years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3311 Gillham Road,  
(If rural, give location)

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

If yes, name country X D

3. (a) PRINT FULL NAME Dr. Leslie E. Eaton,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15<sup>th</sup>  
year 1944 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 17, 1944 to June 18, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ethel Eaton

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

7. Birth date of deceased April 4 1881  
(Month) (Day) (Year)

that I last saw him alive on June 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia

8. AGE: Years Months Days If less than one day

63 2 14 hr. min.

Due to 556

Due to 556

Other conditions Mitral Regurgitation  
(include pregnancy within 6 months of death)

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

10. Usual occupation Dentist

11. Industry or business X

12. Name Elden E. Eaton,

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

14. Maiden name Minnie Reed

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

11. Industry or business X

12. Name Elden E. Eaton,

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

14. Maiden name Minnie Reed

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

16. (a) Informant Mrs. Ethel Eaton,

(b) Address 3311 Gillham Road, Kansas City, Mo

17. (a) Burial (b) Date thereof 6-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

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?  
\_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-19-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Wm. H. ... (M. D. or other) M.D.

Address 330 ... Date signed 6/18/44

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.....

*John H. Harley*

Licensed Embalmer No. ....

*4050*

P. O. Address.....

*Kennedy*

**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.**