

S. No. 2
OM-8-43
V. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41011**

FILED JAN 18 1945

Registration District No. _____

Primary Registration District No. **5326**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County **Crawford**

(b) City or town **Rural Meramec**
(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 _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Crawford**

(c) City or town **Rural**
(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 _____

3. (a) PRINT FULL NAME **Willard Eaton**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rose Eaton** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **May 20, 1916**
(Month) (Day) (Year)

8. AGE: Years **28** Months **6** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Davisville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Trucking**

11. Industry or business _____

12. Name **Herbert Cleveland Eaton**

13. Birthplace **Crawford County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Hettie Chandler**

15. Birthplace **Crawford County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hettie Powers**

(b) Address **Davisville, Missouri**

17. (a) **Burial** (b) Date thereof **12-4-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Sellers Cemetery**

18. (a) Signature of funeral director _____
(City, town, or county)

(b) Address **Steelville, Missouri**

19. (a) **12/19/44** (b) **W. Schneider**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **2**
year **1944** hour **2:00** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Verdict of Coroner's Jury was as follows: "came to his death as a result of the Chevrolet truck in which he was riding being struck by a Frisco train".**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **12-2-44**

(c) Where did injury occur? **Rural Crawford, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place, railroad crossing.

While at work? _____ (Specify type of place)

(e) Means of injury **Struck by train**

23. Signature **W. Schneider** 3
Address **Steelville, Mo.** Date signed **12/5/44**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1702
23

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

2200

1719

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 Jones
Embalmed, Registered Apprentice No. _____,
working under my personal supervision.

Signed Harry Jones
Licensed Embalmer No. 2628
P. O. Address Steubenville 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, fact should be so stated above.