

S. No. 2
M-5-43
5-17-39
X36671

FILED AUG 29 1945

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **608**

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

1. PLACE OF DEATH:
 (a) County **GREENE**
 (b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 hrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Fall, Dallas**
 (c) City or town **Buffalo (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **11 miles S.W. of Buffalo**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **None**

3. (a) PRINT FULL NAME **Edward Eagon**
 3. (b) If veteran, name war **None** (c) Social Security No. **None**
 4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Rasa Eagon** 6. (c) Age of husband or wife if alive **52** years
 7. Birth date of deceased **Oct. 21, 1891**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **2** year **1945** hour **8** minute **00 p** M.
 21. I hereby certify that I attended the deceased from **Aug 2** 19**45**, to **Aug 12** 19**45**; and that death occurred on the date and hour stated above.
 What I last saw him alive on **Aug 7** 19**45**

8. AGE: Years **53** Months **9** Days **14**
If less than one day hr. min.

Immediate cause of death **Burns from ignited gasoline**
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy **1698**

10. Usual occupation **Farmer**
11. Industry or business **Farming**
MOTHER FATHER
 12. Name **William Eagon**
 13. Birthplace **unk. Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary E. Brownell**
 15. Birthplace **unk. Ohio**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident?**
 (b) Date of occurrence **Aug 2 1945**
 (c) Where did injury occur **Rural, Buffalo, Mo**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home
(Specify type of place)
 While at work **no** (e) Means of injury **Burns**

16. (a) Informant **Walter Eagon**
 (b) Address **Halfway, Mo**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 3, 1945**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Springfield Cemetery**
 18. (a) Signature of funeral director **Erwin Blue**
 (b) Address **Belmar, Mo**
 19. (a) **8-3-45** (Date received local registrar) (b) **W E Landry** (Registrar's signature)

23. Signature **Robert Glynn** (M.D. or other) **MS**
 Address **Springfield** Date signed **8/2/45**

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OCT 1 1945

NOV 26 1945

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 W. B. Erwin
Licensed Embalmer No. 3092
P. O. Address Palmar, 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.

X