S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28348

State File No.

FILED SEP 12 1945

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 126

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois 74
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 4 mos. 11 dis. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 74

(c) City or town Eureka 0
(If outside city or town limits, write "RURAL")

(d) Street No. Central Ave. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JAMES EARLE EATHERTON

3. (b) If veteran, name war World War I

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race W.

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

6. (b) Name of husband or wife Agnes Radaker

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

7. Birth date of deceased October (Month) 4, (Day) 1897 (Year)

8. AGE: Years 47 Months 10 Days 8 If less than one day hr. min.

9. Birthplace St. Louis County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Guard at Defense Plant; formerly a salesman.

11. Industry or business

FATHER
12. Name James W. Eatherton
13. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Johanna Ficke
15. Birthplace Chesterfield (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pond Cem., Pond, Missouri

18. (a) Signature of funeral director Schrader Funeral Service
(b) Address Ballwin, Missouri

19. (a) 8-18-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1945 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from March 31, 1944, 19 , to August 12, 1945, 19 ; that I last saw him alive on August 12, 1945, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Paralysis of the Insane	1 yr.
Due to	
Due to	
Other conditions Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy No autopsy.

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 Emmett F. Hocker (M. D. or other)
Address Farmington, Mo. Date signed 8/12/45

1391

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 945-111
Date Filed 9-10-45

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 Earl J. Miller

Licensed Embalmer No. 3952

P. O. Address Farmington, 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.