. S. No. 2
OM—8-43
v. 5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38720 Browning

FILED NOV 30 1945

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 49

99
1
0

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

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Memphis
(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
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 99
(a) State Mo (b) County Scotland
(c) City or town Memphis 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Newton Daniel Easterday
3. (b) If veteran, name war /
3. (c) Social Security No. /
4. Sex Mo
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Ella Easterday
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 9 (Day) 1863 (Year)

8. AGE: Years 82 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Daniel Easterday
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Warren
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant J. F. Easterday
(b) Address Memphis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Cemetery
18. (a) Signature of funeral director Gert H. Baskett
(b) Address Memphis
19. (a) Oct 27-45 (Date received local registrar) (b) Mrs. E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 45 hour 7 minute 55 A.M.
21. I hereby certify that I attended the deceased from Sept 22, 1945, to Sept-25, 1945
that I last saw him alive on Sept 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Due to Chronic Myocarditis
Due to Arterial Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
930

Duration

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 2
23. Signature O M Browning (M. D. or other) DO
Address Memphis Mo Date signed 10-1-45

1612

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1759
Date Filed NOV 2 7 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 Fred Eitt

Licensed Embalmer No. 4256

P. O. Address Memphis

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.