S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1340

FILED FEB 11 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 448

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2046 Poplar 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pearle Anna Eastin

3. (b) If veteran, name war No

3. (c) Social Security No. 496-07-9119

4. Sex Fe. 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John R.

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

7. Birth date of deceased May 15, 1891 (Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Deepwater (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation File Clerk

11. Industry or business Civil Aeronautics Authority

FATHER
12. Name Elijah H. Thompson
13. Birthplace London (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Lily M. Patterson
15. Birthplace Sedalia (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant John R. Eastin
(b) Address 2046 Poplar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 1-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1946 hour 10 minute 28 P. M.

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

Immediate cause of death Cerebral Edema

Due to Intra cerebral Hemorrhage Right Parietal Lobe (massive)

Due to Hypertension Eg Essential

Other conditions (Include pregnancy within 3 months of death) Cholelithiasis

Major findings:
Of operations 8 3 W
Of autopsy above

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 0

23. Signature Jack H Hill (M. D. or other) M.D.
Address Trinity Lutheran Hosp. Date signed 26 Jan 46

(Licensed Embalmer's Statement on Reverse Side)

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

950

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. H D Blackman

Licensed Embalmer No. 3639

P. O. Address. K. C. 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.