

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 5133

Registrar's No. 312

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town Edston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (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:

(a) State Missouri (b) County Buchanan  
 (c) City or town Edston  
 (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 BETTY KORRNE ECTON

3. (b) If veteran, name was none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased OCT 16 1942  
 (Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Edston Mo. U  
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WILLIAM R. ECTON (D)  
 13. Birthplace Nashville Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Gertrude SIMPSON  
 15. Birthplace St. Joseph Mo. U  
 (City, town, or county) (State or foreign country)

16. (a) Informant Gertrude SIMPSON

(b) Address Edston, Mo.

17. (a) Burial (b) Date thereof MAR 18 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Chapel

18. (a) Signature of funeral director H.A. Sullins

(b) Address Edston, Mo.

19. (a) March 19 1946 (Date received local registrar)  
[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16  
 year 1946 hour 5 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Feb 7  
 1946 to March 14 1946;  
 that I last saw her alive on March 14 1946  
 and that death occurred on the date and hour stated above:

Immediate cause of death Gastro Enteritis Duration \_\_\_\_\_

Due to Cranial Tumor

Due to \_\_\_\_\_

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations none  
 Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

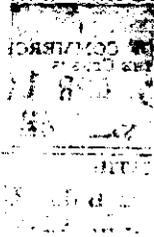
22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_ X  
 (b) Date of occurrence \_\_\_\_\_ X  
 (c) Where did injury occur? none (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_ X

23. Signature [Signature] (M. D. or other)  
 Address [Address] Date signed [Date]

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



**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. A. Sullivan* .....

Licensed Embalmer No. 1738

P. O. Address Brown 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.**

