

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8795
Registrar's No. 11

FILED APR 12 1946
Registration District No. 2

Primary Registration District No. 5237

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural Cedar Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
In this community All of life
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME SARAH SALTANNA EASON
3. (b) If veteran, name war XXX
3. (c) Social Security No. XXX

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Calvin Eason
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased January 26 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 11 18 X hr. X min.

9. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXX

MOTHER FATHER { 12. Name James P. Caldwell
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name: Margaret Smith
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert S Caldwell
(b) Address El Dorado Springs, Missouri

17. (a) Burial (b) Date thereof 1-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Dell

18. (a) Signature of funeral director CHURCH AND NEALE
Stockton, Missouri
(b) Address

19. (a) 3/13/46 (b) J. C. Brannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 13,
year 1946 hour 7:20 minute M.
21. I hereby certify that I attended the deceased from Dec. 20, 1945, to Jan. 13, 1946
that I last saw her alive on Jan. 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Due to infected toenail
Duration 4 days
x months

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 115K
Of 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?

While at work? (Specify type of place) (e) Means of injury 2
23. Signature J. C. Brannon (M. D. or other)
Address Stockton, Mo. Date signed 1-14-46

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

772A

RECEIVED

District Health Officer No. 7,

District File Number 3-46-325

Date Filed 4-11-46

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stevenson 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.