

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16089**

FILED JUN 13 1946
Registration District No. **75**

Primary Registration District No. **3015**

Registrar's No. **46**

1. PLACE OF DEATH:

(a) County **CLINTON**
(b) City or town **CAMERON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **A**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **CLINTON 75**
(c) City or town **CAMERON**
(If outside city or town limits, write "RURAL")
(d) Street No. **East Second Street** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Willis Easton**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Hattie Viola Easton** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Sept 2 1865**
(Month) (Day) (Year)

8. AGE: Years **80** Months **8** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **Sixar Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **Retired**

12. Name **Thomas Easton**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Janeta Riley**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hattie Easton**

(b) Address **CAMERON Mo.**

17. (a) **BURIAL** (b) Date thereof **May 7 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **McDaniel Cemetery**

18. (a) Signature of funeral director **DeMoss Crunis**

(b) Address **CAMERON MO.**

19. (a) **May 7 1946** (b) **Mrs. Willis James**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **1946** hour **7** minute **00** A.M.

21. I hereby certify that I attended the deceased from **May 4**
1946 on **May 6 1946**
that I last saw him live on **May 4 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Berebral hemorrhage**
Duration **2 yrs**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **230**

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) (c) Means of injury **0**

23. Signature **A. O. Gulliland** (M. D. or other) **MD**

Address **Cameron Mo** Date signed **May 6 1946**

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed NOT *Lee M. Crunk*.....

Licensed Embalmer No. *2533*.....

P. O. Address *Cameron, 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.