

S. No. 2
DM-2-43
7-5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24538

State File No.

FILED AUG 27 1946

Registration District No. 2781355

Primary Registration District No. 5909

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Peru

(b) City or town Rural Little Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community None years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Lake

(c) City or town Leptowelle 4-1
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 2 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Gloria Jenice Eastwood

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex 71 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: May 28 1924
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
26 2 0 hr. min.

9. Birthplace: Leptowelle Ill.
(City, town, or county) (State or foreign country)

Immediate cause of death: accidental drown.

Due to: Fury wreck boat turned over

Due to _____

10. Usual occupation: factory

11. Industry or business _____

12. Name: R. H. Eastwood

13. Birthplace: Peru Ill.
(City, town, or county) (State or foreign country)

14. Maiden name: Prima Jowers

15. Birthplace: Leptowelle Ill.
(City, town, or county) (State or foreign country)

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

Major findings: 183.2

Of operations: 34

Of autopsy: 34

16. (a) Informant: Charles M. Rescher

(b) Address: Leptowelle, Ill. Rt 2

17. (a) Peru (b) Date thereof: Aug 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Leptowelle Cemetery

18. (a) Signature of funeral director: Curry Funeral Home

(b) Address: Leptowelle, Ill.

19. (a) 8-5-46 (b) W. Rescher B. Thibe
(Date received local registrar) (Registrar's signature)

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): accident 78

(b) Date of occurrence: 7-28-46

(c) Where did injury occur? Canthamville, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mississippi River
(Specify type of place)

While at work? no (a) Means of injury _____

23. Signature: J. Kelly Coroner 2
Address: Peru, Mo. Date signed: 7-21-46

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

MOTHER FATHER

247

(Licensed Embalmer's Statement on Reverse Side)

8-46-179

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 *Noel C. Dean*.....

Licensed Embalmer No. *3941*.....

P. O. Address *Cynthiana 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.