No. 2
—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30231

FILED OCT 8 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4100

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: 4049 McGee /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 4
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 4049 McGee 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Amelia Jones Eastman

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: female /

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Charles M. Eastman

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

7. Birth date of deceased: June (Month) 9 (Day) 1858 (Year)

8. AGE: Years 88 Months 3 Days 18 If less than one day hr. min.

9. Birthplace: New York / (City, town, or county) (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: David Jones 1
13. Birthplace: Wales 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane Williams
15. Birthplace: Wales 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Hazel Eastman,
(b) Address: 4049 McGee, Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 9-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Brookfield, Missouri

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K.C., Mo.

19. (a) 9-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27 year 1946 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 26, 1946, to Sept. 27, 1946; that I last saw him alive on Sept. 26, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	1 wk.
Due to: Hypertension, essential arterial	
Due to: Arteriosclerosis Senility	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
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? (Specify type of place) 2
(e) While at work? (e) Means of injury 0

23. Signature: Earl Wilkinson (M. D. or other) M.D.
Address: 4050 Broadway K.C. Mo. Date signed 9/28/46.

(Licensed Embalmer's Statement on Reverse Side)

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

29066

Dr Esther
Wickleman
4050 Broadway

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address N.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.