

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16541

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 642

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 6
(If rural, give location)

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

3. (a) PRINT ALVA FREDERICK EATON
FULL NAME

3. (b) If veteran, name war None

3. (c) Social Security No. 495-05-8409

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Geraldine

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 13, 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	9	29	hr. min.

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

10. Usual occupation Checker

11. Industry or business Armour Packing Co.

12. Name Simon Eaton

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

14. Maiden name Ida Gibson

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

16. (a) Informant Estel Eaton (brother)

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof 5/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John C. Rupp

(b) Address 6054 Pryor Ave. City

19. (a) 5-14-47 (b) L. L. Jenkins
(Date received local registry) (Registrar's signature) 347

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12, year 1947 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from Mar 1 1947 to May 12 1947
that I last saw h. w. alive on May 12 - 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lungs
Duration 6 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46 F

Major findings: Of operations
Of autopsy: Bigly Carcinoma of Cervical glands

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

23. Signature Paul Johnson (M. D. or other)
Address St Joseph Mo Date signed 5-18-47

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

MOTHER FATHER

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.....

Roland W. Clark, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3986*

P. O. Address. *St. Joseph, 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.