No. 2
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5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5

State File No. .....

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR 1

(c) City or town KIRKSVILLE 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1201 E. HARRISON 3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME GEORGE B. EASLEY

3. (b) If veteran, name war NONE

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

4. Sex M U

5. Color or race W

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

6. (b) Name of husband or wife ALICE SPENCER EASLEY

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

7. Birth date of deceased DEC. (Month) 10 (Day) 1854 (Year)

8. AGE: Years 93 Months 0 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace ROSHVILLE (City, town, or county) ILLINOIS (State or foreign country) 1

10. Usual occupation RETIRED MERCHANT

11. Industry or business .....

FATHER
12. Name THOMAS M. EASLEY
13. Birthplace RUSSELL CO. (City, town, or county) KY. (State or foreign country) 1

MOTHER
14. Maiden name ANN STANFORD
15. Birthplace CRAWFORD CO. (City, town, or county) INDIANA (State or foreign country) 1

16. (a) Informant Hattie M. Young
(b) Address 1201 E. Harrison - Kirksville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Geo B Easley Jr.
(b) Address Hurdland Mo.

19. (a) 1-9-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 1
year 1948 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 23, 1947, to Jan 1, 1948, that I last saw him alive on Jan 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sudden head attack	
Due to Had some cold	8 days
Due to Arteriosclerosis	yrs.
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)

While at work? ..... (e) Means of injury 0

23. Signature H. M. Humphrey (M. D. or other) MD
Address Brashear Mo Date signed 1-7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District Registrar 1-48-83
Date Filed JAN 14 1948

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 Richard B. Kelly, Registered Apprentice No. 467, working under my personal supervision.

Signed Geo B Earley Jr.

Licensed Embalmer No. 3155

P. O. Address Hurdland Mi

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.