No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4112

FILED MAR 1 1948

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 72

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Poplar Bluff Twp. Route # 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Janie Eason
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Irwin Eason
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 15 (Day) 1855 (Year)

8. AGE: Years 92 Months 1 Days 24 If less than one day hr. min.
9. Birthplace Stoddard Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Alexander Findley
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Albert Eason
(b) Address Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Puxico, Mo.
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.
19. (a) 2-18-48 (Date received local registrar) (b) [signature] (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1948 hour 10 minute 50 A M.
21. I hereby certify that I attended the deceased from Jan 1948, 19, to date of death, 19; that I last saw her alive on Feb 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to ~~General~~ arterio sclerotic heart disease	
Due to General arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93D	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work (e) Means of injury
23. Signature Harvey A. Henrickson (M. D. or other) MD
Address Poplar Bluff, Mo. Date signed 2/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 248-226
Date Filed 2-25-68

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.

Not embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.