S. No. 2
-47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 19 1948

Registration District No. 23

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4036

State File No. 7766

Registrar's No. 5

1. PLACE OF DEATH:
(a) County: BATES
(b) City or town: RICH HILL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3RD + MAPLE ST. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: BATES.
(c) City or town: RICH HILL, MISSOURI. (If outside city or town limits, write "RURAL")
(d) Street No.: 3RD + MAPLE. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

7200

3. (a) PRINT FULL NAME: MARY C. EASTBURN
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: FEMALE
5. Color or race: WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: WIDOWED
6. (b) Name of husband or wife: JAMES W. EASTBURN
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: DECEMBER (Month) – 11 (Day) – 1866 (Year)

8. AGE: Years 81 | Months 2 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: BLOOMINGTON (City, town, or county) ILLINOISE / (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:

FATHER
12. Name: BLOOMER ARNOLD
13. Birthplace: (City, town, or county) ILLINOIS / (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or country) 9 (State or foreign country)

16. (a) Informant: LACEY EASTBURN
(b) Address: FLAGSTAFF ARIZONA.
17. (a) RICH HILL (GREEN LAWN) (Burial, ~~cremation or removal~~) Date thereof: MARCH 4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: GREENLAWN, RICH HILL
18. (a) Signature of funeral director: Roth
(b) Address: Rich Hill Mo.
19. (a) 3-11-1948 (Date received local registrar) (b) Mrs. Edna Dougherty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 3RD year 1948 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from July 1947, 19..., to March 1948, 19..., that I last saw h. alive on March 1948, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure due to Hypertension & arteriosclerosis — Duration: 1 yr

Due to: — Duration: —

Due to: — Duration:

Other conditions (Include pregnancy within 3 months of death): — Duration:

Major findings:
Of operations: NO
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)
While at work? (e) Means of injury

23. Signature: Daniel J. Allen M. D. or other
Address: Rich Hill Mo. Date signed: 3-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-258
Date Filed 3-17-48

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.