No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26266

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3142

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: 1205 West 61st Terrace
(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 since 1924
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1205 West 61st Terrace 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 6

If yes, name country X

3. (a) PRINT FULL NAME Allen F. Eatherton

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

3. (c) Social Security No. unknown

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mrs. Gertrude O. Eatherton

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased November (Month) 19 (Day) 1905 (Year)

8. AGE: Years 42 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Meat business

11. Industry or business X

FATHER
12. Name Thadius J. Eatherton
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Myrtle Brumbeck
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Gertrude O. Eatherton
(b) Address 1205 W. 61st Ter., Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

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

19. (a) 8-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour 1:20 minute A. M.

21. I hereby certify that I attended the deceased from 1945, 19__, to 7-20-1948; that I last saw h[illegible] alive on 7-20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Hypertension, Cardio

Due to Vascular disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy — 93d

Duration

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

23. Signature [signature] (M. D. or other)

Address 924 [illegible] Bldg Date signed 7/31/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Donald Black

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 Reid.....

Licensed Embalmer No....3745.....

P. O. Address.....K.C. Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.