

ED NOV 12 1943 / 37
Registration District No.

Primary Registration District No. 3023

42
1
2

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
409 E. Jefferson St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community sixty seven years, months or days yes

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry

(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samantha June Eston

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 married

6. (b) Name of husband or wife Arthur Eston

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

7. Birth date of deceased Sept 4 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 1 8 hr. _____ min.

9. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name E. M. Toyderman

{ 13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

{ 14. Maiden name Harrill Biggs

{ 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Worthy Eston

(b) Address 409 E. Jefferson, Clinton mo

17. (a) ~~Address~~ (b) Date thereof Oct 15 43
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalis + Peck

(b) Address Clinton mo

19. (a) Oct 15 1943 (b) Georgia Kitcher
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9-1
1943, to 10-12 1943
that I last saw her alive on 10-12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy 24 hr

Due to Hypertension & Phlebotomy 3 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8301

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature H. Walker (M. D. or other) M.D.

Address Clinton mo Date signed 10-14-43

RECEIVED

District Health Officer No. 71

File Number

10-43-1249

Date

11-10-43

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.....

J. E. Consolud

Licensed Embalmer No. 1891

P. O. Address *Clinton 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.