

JAN 12 1940

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County _____
(c) City or town Eureka Springs (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1939 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from December 13, 1939, to December 25, 1939;
that I last saw him alive on December 25, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Bilateral brain abscesses in occipital lobes</u>	<u>2 wks +</u>
Due to <u>lung abscess, cause unknown. Unknown</u>	<u>2 mos +</u>
Due to <u>as to tuberculosis</u>	

Other conditions (include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy: Bilateral occipital lobe brain abscesses, lung abscess - upper lobe.

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) (a) Means of injury _____

23. Signature J. R. Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

3. (a) PRINT FULL NAME WILLIAM TIPTON EASLEY 2460

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Easley 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased August 3, 1905.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>4</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Eureka Springs Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Cook & Boarder Garage

12. Name John Easley

18. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ann Shermann

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pauline Easley

(b) Address Eureka Springs Arkansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/27/39
(Month) (Day) (Year)

(c) Place: burial or cremation Eureka Springs ARK

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd. S. 1111

19. (a) 26 1939 (b) J. D. Braden
(Month) (Year) (City, town, or county)

N. B.—Every item of information should be carefully planned. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 26 1953

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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 *Albert J. Hoffa*

Licensed Embalmer No. *2971*

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, above space should be left blank.