

Registration District No. 492

Primary Registration District No. 5652A

Registrar's No. _____

1. PLACE OF DEATH
(a) County Lincoln
(b) City or town Winfield MO
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 95 yrs (Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Winfield
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME RICHARD HENRY EAST

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nancy East
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 19 1845
(Month) (Day) (Year)

8. AGE: Years 95 Months 1 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Lincoln County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER
11. Industry or business _____
12. Name Thomas East
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Annie W. East
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard East Jr.
(b) Address Winfield MO
17. (a) Burial (b) Date thereof Dec 28, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Henry
18. (a) Signature of funeral director Wayne M. Gray
(b) Address Troy MO
19. (a) 12-28-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26
year 1940 hour 21 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1938 to Dec 26, 1940
that I last saw her alive on Dec 26, 1940
and that death occurred on the date and time stated above.

Immediate cause of death Arteriosclerosis
(known)

Due to Arteriosclerosis
Due to Infinites

Other conditions (Include pregnancy within 3 months of death) 97 P

Major findings: _____
Of operations _____
Of autopsy _____

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? 441
(Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) MD
Address Winfield MO Date signed 12/27/40

N. B.—Every item of information should be carefully supplied. 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.

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.....

Wayne McLoey

Licensed Embalmer No. *3586*

P. O. Address *Jroy 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, above space should be left blank.