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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30620

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3376

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: Lakeside (1) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days) In this community: several years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 49
(c) City or town: Kansas City 2 (If outside city or town limits, write "RURAL")
(d) Street No. 4125 Harrison 8 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME: Arch M Eaton
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male (1)
5. Color or race: W W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: June (Month) 12 (Day) 1864 (Year)

8. AGE: Years 77 | Months 2 | Days 26 | If less than one day: hr. min.

9. Birthplace: unkown (City, town, or county) unknown (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:
FATHER 12. Name: unkown
FATHER 13. Birthplace: unkown (City, town, or county) unkown (State or foreign country)
MOTHER 14. Maiden name: unkown
MOTHER 15. Birthplace: unkown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Clarence L Eaton
(b) Address: 3420 Merrington, Kansas city Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 - 11 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Belton, Mo.
18. (a) Signature of funeral director: Francis S Walton
(b) Address: 3030 Harrison Kansas city Mo
19. (a) 9/10/41 (Date received local registrar) (b) M. M. Crosse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 8th year: 1941 hour: 5 minute: 25 P. M.
21. I hereby certify that I attended the deceased from 8-29-41 19 41, to 9-8-41 19 41; that I last saw him alive on 9-8-41 19 41; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: chronic myocarditis	unknown
Due to: chronic nephritis.	unknown
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: M. Edward R. Geragan
Address: 3034 Harrison Date signed: 9-10-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3991

P. O. Address.....309 E 67th

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

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