S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10. 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12267

Registration District No. 275 Primary Registration District No. 3039 Registrar's No. 73

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 510 W. Walnut
(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)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada (If outside city or town limits, write "RURAL")
(d) Street No. 510 W. Walnut (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Amelia Eaton
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. P. Eaton
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 27 (Day) 1884 (Year)

8. AGE: Years 57 Months 11 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Garrett Co (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name James Bales
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Elizabeth Rogers
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant L. P. Eaton
(b) Address 510 W. Walnut, Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Moores Cemetery
18. (a) Signature of funeral director Yaya Funeral Service
(b) Address Nevada, Mo.
19. (a) March 14, 1942 (Date received local registrar) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1942 hour 1 minute 15 A. M.
21. I hereby certify that I attended the deceased from July 1941 to March 13 1942 that I last saw him alive on Mar. 12 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary carcinoma of stomach	1 yr?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations H6 f	
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 C R King (M. D. or other)
Address Nevada, Mo Date signed 3-13-42

1251 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-42-371
Date Filed 4-9-42,

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. Allen U Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.