S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6695

Registration District No. 165 Primary Registration District No. 5602 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural Chilhowee Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Mi S of Warrensburg Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 39 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51 0

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 5 Mi S of Warrensburg (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lucy C. Easterwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Charles Easterwood

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 5 (Month) 19 (Day) 1876 (Year)

8. AGE: Years 66 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Osceola (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Allen Tygart 1
13. Birthplace Indiania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy A Daniels 1
15. Birthplace Indiania (City, town, or county) (State or foreign country)

16. (a) Informant Charles Easterwood

(b) Address Warrensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 24 (Day) 1943 (Year)

(c) Place: burial or cremation Pisgah cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 2/24/43 (Date received local registrar) (b) Mrs O. L. Cook, Deputy (Registrar's signature)

862

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 14, 1943, to Feb. 22, 1943 that I last saw h[illegible] alive on Feb. 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 2 years.

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death)

13 f

Major findings: Of operations None

Of autopsy None.

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 O. H. Damron MD (M. D. or other)

Address Warrensburg Mo Date signed 2/23/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-43

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 G L WILKINSON, Registered Apprentice No. 341, working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

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.