

Registration District No. 10800

Primary Registration District No. 6225

Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada - Wash. Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. No 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 28 da
(Specify whether years, months or days)

In this community Same time

3. (a) PRINT FULL NAME Robert Cenore Egelston

3. (b) If veteran, name war unk.

3. (c) Social Security No. unk.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah E Egelston

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

7. Birth date of deceased Nov. - 27 - 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>8</u>	<u>18</u>	hr. min.

9. Birthplace Pulaski Co Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming and Blacksmith

11. Industry or business own

MOTHER FATHER

12. Name John Egelston

13. Birthplace unknown

14. Maiden name Sarah E. Vest

15. Birthplace unknown

16. (a) Informant Hoeft, Records

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof Aug 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lois Summit, Mo.

18. (a) Signature of funeral director Alvin D. Hoop

(b) Address Nevada Mo.

19. (a) 8-14-43 (b) Hazel B. Beurch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Dees Summit
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 14 day 1943
year _____ hour 12 minute 5 P. M.

21. I hereby certify that I attended the deceased from 7-22-1943
_____ 19____ to 8-14- 1943
that I last saw him alive on 8-14-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Duration _____

Due to _____

Due to _____

Other conditions Psychosis with Cerebral
(Include pregnancy within 3 months of death)
arteriosclerosis

Major findings: 107

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature R. B. Foster (M. D. or other) MD
Address State Hosp. #3 Nevada Mo. Date signed 8-14-43

RECEIVED

District Health Officer No. 7,

District File Number 8-43-871

Date Filed 9-3-43

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 _____

_____, Registered Apprentice No. ✓

working under my personal supervision.

Signed Mack G. Braswell

Licensed Embalmer No. 2529

P. O. Address Newada 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.