

FILED DEC 8 1943/49

Registration District No.

Primary Registration District No.

1002

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:
1713 Madison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 Months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 78
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1713 Madison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TOM EATON

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Nellie Eaton 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years app. 80 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Joanna Carlock

(b) Address 1713 Madison

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/22/43 (Month) (Day) (Year)

(c) Place: burial or cremation Venetta, Oklahoma

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 11-22-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 Saturday
year 1943 hour 7:07 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Nov 13 to Nov 20 1943
that I last saw him alive on Nov 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration 6 weeks

Due to _____

Due to _____

Other conditions Herpes Zoster (Include pregnancy within 3 months of death) 6 months

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? _____

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

23. Signature: W. E. Watkins (M. D. or other) _____

Address 1044 Jones St Date signed 11/22/43

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

Brathwaite
10 North James.

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

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.