

No. 2  
1-2-43  
5-17-39  
X35397

FILED FEB 9 1944  
Registration District No. 357

Primary Registration District No. 4499

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 34 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102  
(c) City or town Shelbina 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Elizabeth Eaton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William A Eaton  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 17th 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Warrner  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Nicholson  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Belle Rogers  
(b) Address Clarence Mo

17. (a) Burial (b) Date thereof 1/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ottawa Ill

18. (a) Signature of funeral director Mellion Bartlett  
(b) Address Shelbina

19. (a) Jan 23 44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd  
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-4-43  
to 1-22-44  
that I last saw her alive on 1-22-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to arterio-sclerosis

Other conditions Paralysis of left side 7 de  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy [Signature]

Duration 7 de  
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) (c) Means of injury \_\_\_\_\_  
23. Signature A. M. Wood (M. D. or other) 0  
Address Shelbina Mo Date signed 1-23-44

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-389

Date Filed FEB 8 1944

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 Henry A. Barklee

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.