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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1944
Registration District No. 287

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15523
Registrar's No. 5

Primary Registration District No. 5980

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

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Rural - Wishart twp
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Wishart
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lee Oma Eagon

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 21 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 29 hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie Austin
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jim Eagon
(b) Address Wishart Mo

17. (a) Burial (b) Date thereof 3-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant View Cemetery

18. (a) Signature of funeral director Hutchinson & Co
(b) Address Bolivar Missouri

19. (a) March-23-44 (b) Hillard Dickinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1944 hour 8:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from 1936 to March 19, 1944
that I last saw him alive on March 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Chronic Arthritis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93ed

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)
(e) Means of injury _____
23. Signature [Signature] (Other) _____
Address Bolivar Mo Date signed 3-23-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District No. 3-44-535
Date Filed 4-13-44

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.....

working under my personal supervision.

Registered Apprentice No.

Signed *Earl Pitts*.....

Licensed Embalmer No. 3746

Home P.O. Address *Baltimore, Md*

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.