

No. 2
A-2-43
5-17-19
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28545

FILED SEP 6 1944
Registration District No. 280

Primary Registration District No. 5965

State File No. _____

Registrar's No. 38

1. PLACE OF DEATH:

(a) County PLATTE

(b) City or town SMITHVILLE, MO. *Payton*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community LIFETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PLATTE

(c) City or town SMITHVILLE? R.F.D.
(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 _____

3. (a) PRINT FULL NAME JOSEPH ECTON

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 14
year 1944 hour 9: minute 0 M.

21. I hereby certify that I attended the deceased from Aug 10
1943 to July 14 1944
that I last saw her alive on July 14 1944
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife HELENA PAYTON ECTON

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 9, 1878
(Month) (Day) (Year)

Immediate cause of death _____
Carcinoma of Rectum

8. AGE: Years Months Days If less than one day
65 8 5 hr. min.

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

10. Usual occupation FARMER

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business GENERAL

12. Name JOSEPH ECTON

13. Birthplace OHIO
(City, town, or county) (State or foreign country)

14. Maiden name SARAH LOWMAN

15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant MRS. JOE ECTON

(b) Address SMITHVILLE, MO. R.F.D.

17. (a) BURIAL (b) Date thereof 7/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Smithville, Mo. Date signed 7-15-44

18. (a) Signature of funeral director [Signature]

(b) Address Smithville, Mo.

19. (a) 8-21-44 (b) Mrs. Clay Jeffee
(Date received local registrar) (Registrar's signature)

1207 (Licensed Embalmer's Statement on Reverse Side)

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

23
0
0

83
5
3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No.
District File Number
Date Filed.....

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..... *S. A. McComas*
Licensed Embalmer No. *2303*
P. O. Address. *Smithville, 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.