

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39002

State File No. _____

FILED NOV 28 1944

Primary Registration District No. 45-10

Registrar's No. 5-3-

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Osgood
(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 _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Osgood 105
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME ALVA E. EASTWOOD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8
year 1944 hour 6 minute 30 P.M.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Eastwood

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec 9 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/8/44 1944 to 11/8/44 1944
that I last saw him alive on 11/8/44 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>29</u>	hr. _____ min.

Immediate cause of death Heart tent

9. Birthplace Linn Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

Due to _____

Due to _____

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

MOTHER FATHER

12. Name Decab Eastwood

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

14. Maiden name Rachel Brown

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Alva Eastwood

(b) Address Osgood Mo

17. (a) Burial (b) Date thereof 11-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove

18. (a) Signature of funeral director P N Payne

(b) Address Galt Mo

19. (a) Nov 14 (b) Brita Caldwell
(Date received local registrar) (Registrar's signature)

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 U S Bradley (M. D. or other) _____
Address Harris Mo Date signed 11-9/44

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

555

1300

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 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.....

P. H. Payne Jr.

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.