

FILED AUG 5 1946

Registration District No. 1495

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hrs.
In this community 14 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Edwardsville
(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 John Clinton Eastwood

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

4. Sex m 5. Color or race w. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July (Month) 9 (Day) 1946 (Year)

8. AGE: Years _____ Months 14 Days _____ If less than one day hr. _____ min. 0

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

10. Usual occupation none

11. Industry or business _____

12. Name Rufus Archie Eastwood

13. Birthplace Charlotte N.C. (City, town, or county) (State or foreign country)

14. Maiden name Estel May

15. Birthplace Charlotte N.C. (City, town, or county) (State or foreign country)

16. (a) Informant R. J. Eastwood

(b) Address Edwardsville, Mo.

17. (a) removal (b) Date thereof 7-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Bonview, Mo.

18. (a) Signature of funeral director Diminich

(b) Address 1404 So 37th St. KC, Mo.

19. (a) 7-24-46 (Date received local registrar) (b) Geraldine Holme (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 23, 1946 to July 24, 1946 that I last saw him alive on July 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death St. Bronchopneumonia

Due to _____
Due to _____

Other conditions Congenital impaired L. Kidney
(Includes pregnancy within 5 months of death)

Major findings: Of operations 107
Of autopsy _____

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] (M.D. optional)

Address St. Luke, Mo. Date signed 7-24-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

not embalmed

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.