DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24520

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 70

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Caruthersville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mississippi iver 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Tenn. (b) County: Lake 97
(c) City or town: Tiptonville (If outside city or town limits, write "RURAL") 40
(d) Street No.: Box 581 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country ____

3. (a) PRINT FULL NAME: Robert Lee ~~Eastwood~~ Eastwood

3. (b) If veteran, name war: World War 2

3. (c) Social Security No. ____

4. Sex: Male ♂

5. Color or race: White

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

6. (b) Name of husband or wife: X

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

7. Birth date of deceased: December (Month) 5, (Day) 1921 (Year)

8. AGE: Years 24 Months 7 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: Lake, Co., (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation: Nothing at present. Discharged from Navy, War # 2, Expected to enter school

11. Industry or business: ____

FATHER
12. Name: R. H. ~~Eastwood~~ Eastwood
13. Birthplace: Paris, (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name: Truma Jowers
15. Birthplace: Lake, Co., (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant: Charles Reeder
(b) Address: Tiptonville, Tenn.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Tiptonville, Tenn.

18. (a) Signature of funeral director: H. L. Smith Funeral Home
(b) Address: Dyersburg, ~~Tenn~~ Caruthersville, Mo

19. (a) 8-1-46 (Date received local registrar) (b) Dressie B. Nelks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental Drowning	
Due to: Boat Overturned	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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): Accident 98
(b) Date of occurrence: July 28, 1946
(c) Where did injury occur? Caruthersville, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mississippi River (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: Jack Kelley Coroner 2 (M. D. or other)
Address: Hayti, Mo. Date signed 7/31/46

247 (Licensed Embalmer's Statement on Reverse Side)

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

8-46-173

AUG 28 1946

MAR 7 1947

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.....

Body was 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.

2B
-45
43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 70

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Centerville
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Robert Lee Eastwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 5 (Day) (Year)

8. AGE: Years 24 Months Days Unless than one day hr. min.

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

10. Usual occupation Stationary engineer

11. Industry or business Navy WW II (from Navy)

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or country) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 28 year 1946 hour minute M.

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

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Other 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

Stationary engineer present discharge from Navy WW II (from Navy)
expected to go to school

24520

OCT 2 8 1946

MAR 7 194