

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1055

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS-CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5045-EUCLID AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48
(c) City or town KANSAS-CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5045-EUCLID AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME GERTRUDE EASTON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased MARCH 25 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business AT HOME

12. Name UNKNOWN 9

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

14. Maiden name UNKNOWN 9

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

16. (a) Informant W. B. Bly

(b) Address 1336 1/2 PIMM ST. BARTLESVILLE, OKLA.

17. (a) BURIAL (b) Date thereof MAR. 8 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 3-8-47 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MCH day 4TH year 1947 hour 9 minute 45P. M.

21. I hereby certify that I attended the deceased from before, 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 Coronary Insufficiency
Due to arteriosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 956

Major findings: Of operations _____

Of autopsy SSD History + Impaction

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

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 J. W. Walker (M. D. or other) 3

Address 1474 W. 11th Date signed 3-6-47

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

MOTHER FATHER

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.....

Paul Rapp

Licensed Embalmer No. *3458*

P. O. Address *K.C. 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.