S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13110

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 367

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Month (Specify whether years, months or days)
In this community: 6 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1321 Concord Ave. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: FRANKIE B. EASON
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Elbert E. Eason
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased: May (Month) 16, (Day) 1868 (Year)

8. AGE: Years 78 | Months 11 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace: Bristol, (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: E.H. Booth
FATHER 13. Birthplace: unknown (City, town, or county) England (State or foreign country) 4
MOTHER 14. Maiden name: Lucy McClea
MOTHER 15. Birthplace: Hurigate, (City, town, or county) New York (State or foreign country) 1
16. (a) Informant: Mrs. Emma Gann
(b) Address: 1321 Concord Ave., Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 22, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Newhope near Buffalo, Mo.
18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Mo.
19. (a) 4-25-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1947 hour 8:00 P.M. minute ___ M.

21. I hereby certify that I attended the deceased from Jan. 14, 1944 to Apr 21, 1947; that I last saw her alive on Apr 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia, chr.	2 Mo
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Primary atypical pneumonia with pleurisy & effusion	3 wks

Major findings:
Of operations: 0
Of autopsy: 0

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: 0

23. Signature: H. P. Mossup (M. D. or other)
Address: Springfield, Mo. Date signed: 4/1/47

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1964

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 Ralph K. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.