

FILED AUG 11 1947

Registration District No. 8

Primary Registration District No. 5308

Registrar's No. 111

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Blackwater, Rural
 (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 All her life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper 27
 (c) City or town Blackwater, Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Julia Eastham
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 26 in
 year 1947 hour 8 minute 0 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William E. Eastham
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased June 26th, 1876
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 47 to June 26 1947.
 that I last saw her alive on June 1 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 0 1 hr. _____ min.

Immediate cause of death Acute Coronary Thrombosis
 Due to Hypertension
 Due to _____

9. Birthplace Saline County Missouri
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations MI
 Of autopsy _____

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER 12. Name Peter Joseph Hillenler

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

14. Maiden name Barbara Alflen

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

16. (a) Informant Mrs. E. Falkner

(b) Address Blackwater, Mo.

17. (a) Burial (b) Date thereof June 30 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock cemetery

18. (a) Signature of funeral director Campbell

(b) Address Marshall, Mo.

19. (a) 7-9-47 (b) D. Cooper
 (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 [Signature] (M. D. or other) MD
 Address Marshall Mo. Date signed 6/28/47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-8-47

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, as by

....., Registered Apprentice No.

working under my personal supervision.

Signed Joe W. Penn

Licensed Embalmer No. 1171

P. O. Address Marshall, 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.