

S. No. 2
 DM-543
 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

210

State File No. _____
 Registrar's No. 34

FILED JAN 19 1948

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1522 Faraon
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 4 years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph //
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1522 Faraon //
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wilbur Keith Eaton
 (b) If veteran, name war no
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 8
 year 1948 hour 3 minute _____ P.M.
 21. I hereby certify that I attended the deceased from 1/4/48
 19____ to 1/8/48 19____
 that I last saw him alive on 1/8/48
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 25 1928
 (Month) (Day) (Year)

Immediate cause of death lobar pneumonia
 Duration 10 hrs

8. AGE: Years Months Days If less than one day
19 9 13 hr. _____ min.

Due to upper resp. infection 4 days
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 106
 Of operations _____
 Of autopsy _____

10. Usual occupation at home

11. Industry or business _____
 12. Name Wade Eaton
 13. Birthplace Harrison County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Merle Derr
 15. Birthplace Harrison County Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Wade Eaton
 (b) Address 1522 Faraon, Street
 17. (a) removal (b) Date thereof 1-9-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

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 0

(c) Place: burial or cremation Bethany Missouri
 18. (a) Signature of funeral director Stacey Derr
St. Joseph, Missouri
 (b) Address _____
 19. (a) 1-13-48 (b) E. B. Jenkins
 (Date received local registrar) (Registrar's signature)

23. Signature Wm. H. Baker (Physician)
 Address St. Joseph, Mo. Date signed 1/8/48

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.....

Charles M. Harman

Registered Apprentice No. 450

working under my personal supervision.

Signed.....

John Roy Stacey

Licensed Embalmer No. 2435

P. O. Address.....St. Joseph, Missouri.....

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.