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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3687

State File No. _____
Registrar's No. 2

FILED FEB 5 1948
Registration District No. 373

Primary Registration District No. 6154

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Essex
(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 _____
In this community Wife 4 mo. 18 da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joyce Mae Eaton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Sept. 3 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>04</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name ~~Residence, Stoddard~~ 9

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

14. Maiden name Verna Eaton

15. Birthplace Pocahontas Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Verna Eaton

(b) Address Essex, Mo

17. (a) Burial (b) Date thereof Jan. 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo

19. (a) Jan 28 1948 (b) mas Kate W. Gault
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Essex
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1948 hour 10 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 22 1947 to Jan 21 1948 that I last saw her alive on Dec 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Calculus Mucosa

Due to feeding or Diet

Other conditions (Include pregnancy within 3 months of death) 119A

Major findings: Of operations _____ Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Brandon (M. D. _____)
Address Essex, Mo Date signed Jan 28 1948

RECEIVED

OFFICE NO. 2

348-169

2-2-19

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Lyman Steele

Licensed Embalmer No. *2476*

P. O. Address *Wester 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.