No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948
Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4358
State File No.

Primary Registration District No. 3017
Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ravenswaay Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community: 6 months years, months or days)

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

3. (a) PRINT FULL NAME: Leon Eastwood
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: Negro
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: Feb. 11 - 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	0	hr. min.

9. Birthplace: Saline County Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Day Work
FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address: Boonville - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: Steamer
(b) Address: Boonville - Mo.
19. (a) 2-16-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 11th year: 1948 hour: 11 minute: 15 am
21. I hereby certify that I attended the deceased from 2/10/1948, 1948, to 2/11/1948, 1948; that I last saw him alive on 2/10, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Intestinal obstruction 1/

Due to:

Due to:

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

Major findings:
Of operations: 22B
Of autopsy:

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

PHYSICIAN
Underline the cause of 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:

23. Signature: [illegible] (M. D. or other)
Address: 517 4th St. Boonville Mo Date signed: 2/16/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-48

MAR 1 1948

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 Fred Harris, Registered Apprentice No. 476 working under my personal supervision.

Signed James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.

S. No. 2B
5 3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 42 Primary Registration District No. 3017 Registrar's No. 29

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Boonville
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Leon Eastwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: B

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased: Feb - 11 (Month) (Day) (Year)

8. AGE: Years: 72 Months: Days: If less than one day: hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 11 year 1948 hour 11:00 minute a.m.

21. I hereby certify that I attended the deceased from 2/10 48 to 2/11 1948; that I last saw him alive on 2/11 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction

Due to: ? patient was brought in Hosp. in dying condition, so that

Due to: there was no possibility of further examination or operation

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 12 B
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? (Specify type of place)
While at work (e) Means of injury

23. Signature: Cineffela Asbell (M. D. or other)
Address: 517 4th St. Boonville Mo Date signed: 3/17/48

SUPPLEMENTARY

4358