

S. No. 2  
1-1/47  
5-17-39

National Office of Vital Statistics  
**FILED JUL 6 1948**  
Registration District No. **128**

Primary Registration District No. **5463**

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

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Rural - Jackson twsp.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **R.F.D. # 2, Strafford, Mo.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Rural - Strafford**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D. # 2 Strafford, Mo.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lucinda Eastburn**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **John Henry Eastburn**

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

7. Birth date of deceased **February 20, 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>88</b>	<b>3</b>	<b>16</b>	.....hr. ....min.

9. Birthplace **Buffalo, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Rhesa Vanderford**

13. Birthplace **unknown Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Mattien**

15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bertha Fullerton**  
(b) Address **R.F.D. 2, Strafford, Missouri**

17. (a) Burial, cremation, or removal **Burial**  
(b) Date thereof **June 10, 1948**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hope, Mo.**

18. (a) Signature of funeral director **Fred C. Thieme**  
(b) Address **Springfield, Missouri**

19. (a) **6-10-48** (Date received local registrar)  
(b) **W E Handley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**  
year **1948** hour **11** minute **00 P. M.**

21. I hereby certify that I attended the deceased from **Jan 27, 1948** to **June 6, 1948**  
and that I last saw her alive on **June 6, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** Duration **10 hours**

Due to **Cerebral Arteriosclerosis** **10 yrs?**

Due to **Hypertension (Known 6 yrs)**

Other conditions **Senility**  
(Includes pregnancy within 3 months of death)

Major findings: **none**

Of operations **none**

Of autopsy **none**

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) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **R. C. Clough** (M. D. or other) **M.D.**  
Address **Springfield, Mo.** Date signed **6-7-48**

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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 H. Thiem*

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.