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DEPARTMENT OF COMMERCE
BOARD OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 316

Primary Registration District No. 6075-

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington R4 St Francois
(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 Two years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural
(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: /

3. (a) PRINT FULL NAME Willard C. Eaton

3. (b) If veteran, name war: 3. (c) Social Security No. 493-07-8697

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Doris Eaton 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased February 6, 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>27</u>hr.min.

9. Birthplace St. Francois county, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business

12. Name Matthew Eaton

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

14. Maiden name Alice Forshe

15. Birthplace Washington County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Doris Eaton

(b) Address 2529 Enright, St. Louis

17. (a) Burial (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington R4

18. (a) Signature of funeral director E. J. Boyer

(b) Address Heritage Mo.

19. (a) Jan. 7, 1943 (b) Wynnie Bunnester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1943 hour 3:20 p.m., minute P.M.

21. I hereby certify that I attended the deceased from May 1942 to Jan 2 1943
that I last saw him alive on Jan 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thromb
Duration 3 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Of operations

Of autopsy

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) (Means of injury)

23. Signature E. J. Boyer (M. D. or other) /

Address Heritage Mo. Date signed 1/6/43

VED

Health Officer No. 4
District File Number 243-1678
Date Filed 2-5-43

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 C. J. Boyer
Licensed Embalmer No. 1671
P. O. Address Desloge 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.