

S. No. 2
DM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

3878

FILED FEB 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 21

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Elvins Rural #1
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Elvins Rural #1
(d) Street No. _____
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME Gallent Eaton
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 6
year 1946 hour 12 minute 15 p.M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Kanwarf
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan. 27 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6 1946 to Jan 5 1946
that I last saw him alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death broncho-pneumonia
Duration 3d

8. AGE: Years 78 Months 11 Days 9
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions also with nephritis & myocarditis
(Include pregnancy within 3 months of death)

9. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings:
Of operations _____
Of autopsy 12/18
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Aaron Eaton
13. Birthplace Indiana
14. Maiden name Sarah Hayes
15. Birthplace Dont Know

16. (a) Informant Mrs. Ida Eaton
(b) Address Elvins Route 1
17. (a) Burial (b) Date thereof 1 8 46
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Park View
18. (c) Signature of funeral director C. J. Bayer
(b) Address Desloge Mo.
19. (a) Jan. 18, 1946 (b) Etther Rudloff
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. G. Kaebe (M. D. or other)
Address Desloge, Mo. Date signed 1/7/46

(Licensed Embalmer's Statement on Reverse Side)

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

1905

RECEIVED
Married Health Officer No. 4
Certificate Number 246-1721
2-8-46

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..... *D. J. Dwyer*
Licensed Embalmer No. *3640*
P. O. Address *Alpena 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.