S. No. 2
I—8-43
5-17-39
X37823

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. 37001

FILED NOV 20 1945

Registration District No. ____ Primary Registration District No. 5327 Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Rural Township
(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 87 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Crawford
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location) 0
(e) Citizen of foreign country? American (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mary Elizabeth Eaton
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 9 (Month) 9 (Day) 1856 (Year)
8. AGE: Years 89 Months 1 Days 5 If less than one day ____ hr. ____ min.
9. Birthplace: Iron Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: None
11. Industry or business ____
FATHER
12. Name: Ryle Funkes
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: Samuel L. Eaton
(b) Address: Keyesville Missouri
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 10-17-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Eaton's Cemetery
18. (a) Signature of funeral director: F. Jones
(b) Address: Steelville Mo
19. (a) 11-19-45 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14th year 1945 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from Oct 1, 1945 to Oct 14, 1945 that I last saw h. alive on Oct 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular disease of Heart — Duration
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____
Of autopsy ____

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: R. C. Parker (M. D. or other)
Address: Steelville Mo Date signed 11-17-45

137
20-45

1551

(Licensed Embalmer's Statement on Reverse Side)

NOV 26 1945

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 Harry Jones Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Harry Jones

Licensed Embalmer No. 2828

P. O. Address Steelville 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 80 Primary Registration District No. 5327 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Rural Union Twp
(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 Mary E. Eaton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Wm

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

7. Birth date of deceased Sept (Month) 9 (Day) 1855 (Year)

8. AGE: Years 89 Months 1 Days If less than one day hr. min.

9. Birthplace Mo
(City, town, or county) (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 Day year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

37001