

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8416**

FILED MAR 31 1947

Registration District No. **6**Primary Registration District No. **5-3-2-2 4149**Registrar's No. **10-1947**

1. PLACE OF DEATH:

(a) County **Crawford**
 (b) City or town **Cuba**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home of Geo. Frank
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1** (Specify whether
 In this community **Mo.**
 years, months or days)

3. (a) PRINT FULL NAME **Mosetta Eaton**3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **2 divorced**6. (b) Name of husband or wife **Wm. Calan** 6. (c) Age of husband or wife if alive **4** years7. Birth date of deceased **Oct 4 1897**
(Month) (Day) (Year)8. AGE: Years **69** Months **4** Days **24** If less than one day hr. min.9. Birthplace **Davis County Indiana**
(City, town, or county) (State or foreign country)10. Usual occupation **Housewife**11. Industry or business **Home**12. Name **John Kunsford**13. Birthplace **Davis County Indiana**
(City, town, or county) (State or foreign country)14. Maiden name **Mary Jane Sellers**15. Birthplace **Davis County Indiana**
(City, town, or county) (State or foreign country)16. (a) Informant **Geo. Frank**(b) Address **Cuba Mo.**17. (a) **Funeral Home** (b) Date thereof **3-1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Kansas Indiana**18. (a) Signature of funeral director **Shanklin**(b) Address **Cuba Mo.**19. (a) **2-28-47** (b) **Geo. Frank**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Crawford**
 (c) City or town **Cuba**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **W. R. 3**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **28**
year **1947** hour **2** minute **05 A.** M.21. I hereby certify that I attended the deceased from **1-25**, 19**47** to **1-28**, 19**47**
that I last saw her alive on **1-28**, 19**47**
and that death occurred on the date and hour stated above.Immediate cause of death **Cardiac Decomposition**
Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **950**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

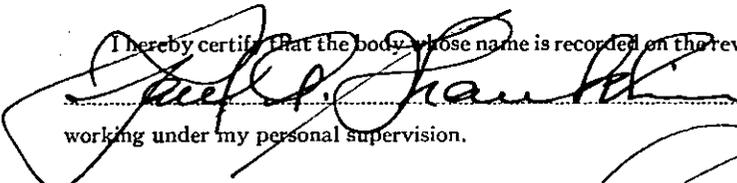
(b) Date of occurrence

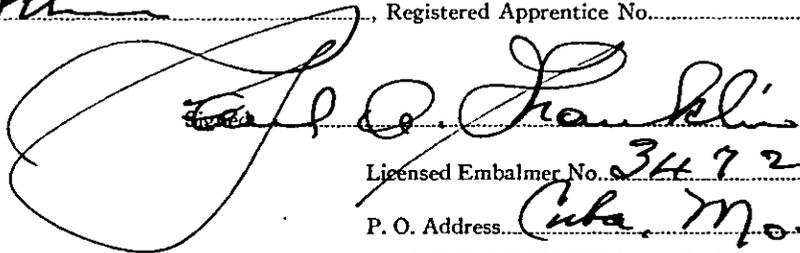
(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (Specify type of place) (e) Means of injury **2-10**23. Signature **Shanklin** (M. or F.)Address **Cuba Mo.** Date signed **2-28-47**

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.

.....
Licensed Embalmer No. 3472

P. O. Address. Cuba, 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.