S. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28785

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 275

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Elvins Route 1 Randolph Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Elvins Rural Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94

(c) City or town Elvins, Rural Route, 1
(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 Ida Eaton

3. (b) If veteran, name war no.

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 Gallent Eaton

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

7. Birth date of deceased Aug. (Month) 10 (Day) 1876 (Year)

8. AGE: Years 70 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name Charles Kananwurf
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Barba Waller
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Wendell Eaton
(b) Address Bonne Terre, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 5 (Day) 1947 (Year)
(c) Place: burial or cremation Park View Farmington

18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.

19. (a) 8-15-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1947 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from May, 1945, to Aug 3, 1947
that I last saw her alive on 8-3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrh

Due to arteriosclerosis hypertension

Due to

Other conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 H. O. Geeke (M. D. or other)
Address Desloge Mo Date signed 8-13-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 847-1098

Date Filed 8-25-47

SEP 30 1947

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 L. T. Sayler

Licensed Embalmer No. 3660

P. O. Address Delloge, Wis.

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.