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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1948

Registration District No. 1119

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12096

Primary Registration District No. 4193

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Workman Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Gasconade 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALICE FRANCIS EATON

3. (b) If veteran, name war ------

3. (c) Social Security No. 495-30-3719

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Eaton

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug (Month) 22 (Day) 1892 (Year)

8. AGE: Years 56 | Months 6 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Mt. Sterling (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Hartsgrave

13. Birthplace Missouri (State or foreign country) 0
(City, town, or county)

MOTHER

14. Maiden name Laura Parkers

15. Birthplace Missouri (State or foreign country) 0
(City, town, or county)

16. (a) Informant John Eaton

(b) Address Gasconade, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Gasconade City Cem.

18. (a) Signature of funeral director Hugo H. Renner

(b) Address Hermann Mo

19. (a) 3/22/48 (Date received by local registrar) (b) O. H. Mundweiler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour SIX minute 45 A. M.

21. I hereby certify that I attended the deceased from March 19, 1948, to March 20, 1948, that I last saw her alive on March 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis on mitral valve	1 week
Due to Early mitral Stenosis	years
Due to Rheumatic heart disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same - partial autopsy done	

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 Carvel T. Shaw, M.D. (M. D. or other)

Address Hermann, Mo Date signed 3-20-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed.....

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 Hugo H. Klemmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.