S. No. 2
OM—5-43
v. 5-17-39
1 X36671

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. 14221

FILED MAY 9 1946

Registration District No. 3716 Primary Registration District No. 3059 Registrar's No. 130

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 418 N. Jackson 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 9-16
(c) City or town Bonne Terre 2
(If outside city or town limits write "RURAL")
(d) Street No. 418 N Jackson 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country

3. (a) PRINT FULL NAME Mary Caroline Easter
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife David H. Easter
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May (Month) 21 (Day) 1850 (Year)

8. AGE: Years 95 Months 10 Days 19 If less than one day hr. min.
9. Birthplace Delaware Co, Iowa 1 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Garrett Cronk
13. Birthplace California (City, town, or county) (State or foreign country)
14. Maiden name Susana Osborn
15. Birthplace Iowa 1 (City, town, or county) (State or foreign country)
16. (a) Informant Charles H. Easter
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Adams Cemetery
18. (a) Signature of funeral director Bingham Mills
(b) Address 313 Benham Bonne Terre Mo
19. (a) 4-13-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1946 hour 12 minute 45 A. M.
21. I hereby certify that I attended the deceased from Jan-1- 1943 to Apr-10- 1946
that I last saw h[illegible] alive on Apr-15- 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uterine Carcinoma	1 Yrs
Due to unknown	
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 0
23. Signature W. F. Cheney (M. D. or other)
Address Bonne Terre Mo Date signed 4-12-46

289 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4

District File Number 546-209

Date Filed 5-8-46

MAY 16 [illegible]

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.