S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18874

Registration District No. 2 Primary Registration District No. 5181 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mile South of Appleton, Mo
(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 Accident, Car Wreck

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County [illegible]
(c) City or town St Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5229 Waterman ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Elnora Monken Eastwood

3. (b) If veteran, name war ✓
3. (c) Social Security No. 351-03-7291

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bill Eastwood
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Sept (Month) 27 (Day) 1911 (Year)

8. AGE: Years 36 Months 9 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Summerfield (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation employed, factory work
11. Industry or business Emerson Electric Co.

FATHER
12. Name Henry J. Monken
13. Birthplace New Baden (City, town, or county) Ill. (State or foreign country) 1

MOTHER
14. Maiden name Bertha Person
15. Birthplace Fallon (City, town, or county) Ill (State or foreign country) 1

16. (a) Informant Henry Monken
(b) Address Woodside Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Summerfield, Ill
18. (a) Signature of funeral director S. C. Cranaft
(b) Address Jackson, Mo.
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature) 11.8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1948 hour 4 minute 45 p.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 Basal Fracture of the Skull — Duration

Due to automobile in which she was riding leaving the highway and

Due to turning over after being side swiped

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) accident 16
(b) Date of occurrence July 2, 1948
(c) Where did injury occur? Old Appleton (City or town) Cape Co (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On State Highway 25 (Specify type of place)
While at work? No (e) Means of injury Auto

23. Signature Dr. J. F. Sigmund (M.D. or other) Coroner 3
Address Jackson Mo Date signed 7/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 748-842

Date Filed 2-6-48

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 Gene C. Carroll

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.