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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

Registration District No. 2176

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7005

Primary Registration District No. 6073

Registrar's No. 317

1. PLACE OF DEATH
(a) County St. Francois Perry Twsp
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY HAAH CARROW
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph A Carrow
6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug (Month) 27 (Day) 1847 (Year)

8. AGE: Years 97 | Months 5 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Ste Genevieve Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
12. Name Leo Aubuchon
13. Birthplace Ste Genevieve Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Julia Charleville
15. Birthplace Ste Genevieve Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Debauge
(b) Address R-1 Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph's Cemetery

18. (a) Signature of funeral director Beckham Funeral Home
(b) Address 313 Beckham Bonne Terre Mo

19. (a) 2-26-45 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov 15 — 1944 to Feby-13 — 1945
that I last saw he alive on Feby 21st 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of rectum	un-known
Due to: unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
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 R. L. Evans (M. D. or other)
Address Bonne Terre Mo Date signed 2-26-45

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 345-393

Date Filed 3-9-45

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 Boone Iowa

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.