

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 140

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1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois Co

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

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

(d) Length of stay: In hospital or institution Twenty Six (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington  
(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 0

3. (a) PRINT FULL NAME Arch. Catharine Peters

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

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6<sup>th</sup> day 20<sup>th</sup> year 1942 hour 1 P.M. minute 1 P. M.

21. I hereby certify that I attended the deceased from 10-18 1942 to Nov. 6 1942  
that I last saw h. alive on Nov. 5 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased Aug 10 1850  
(Month) (Day) (Year)

Immediate cause of death Chorea  
They certified

Due to Arterial Sclerosis 6 yrs.

8. AGE: Years 92 Months 2 Days 27 If less than one day hr. .... min.

Due to .....

Other conditions (Include pregnancy within 3 months of death) 93d

9. Birthplace Madison Co Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business.....

12. Name Patrick Mills

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

14. Maiden name Catherine Scott

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

16. (a) Informant Hellie M. Polston

(b) Address Farmington Mo.

17. (a) Burial (b) Date thereof 11/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 3 Rivers no. Farmington Indes.

18. (a) Signature of funeral director Farmington Indes.

(b) Address Farmington Mo.

19. (a) Nov. 10 1942 (b) Dyrdie Buhrmaster  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

S/O: 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?.....

While at work? (Specify type of place) (Means of injury).....

23. Signature Geo. H. Williams (M. D. or other).....  
Address Farmington Mo. Date signed 11/7/42

1196

RECEIVED

District Health Officer No. 3

District File Number 1242-242

Date Filed 12-7-42

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.....

.....  
working under my personal supervision.

Signed

Licensed Embalmer No. 4084

P. O. Address Farmington 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.