

**MILD JAN - 7 1942**

Registration District No. **316**

Primary Registration District No. **6073**

Registrar's No. **65-**

1. PLACE OF DEATH:

(a) County **St Francois**  
(b) City or town **E. Bonne Terre**  
(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.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Francois**  
(c) City or town **E Bonne Terre**  
(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.....

3. (a) PRINT FULL NAME **Mary Cornelia Sikes**

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 **W**  
6. (b) Name of husband or wife **Thos. N. Sikes** 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased **June 19<sup>th</sup> 1859**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **5** Days **18** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Edr: 42**

12. Name **Edmund Pullen**  
13. Birthplace **Unknown** 9  
14. Maiden name **Makala Hinkle**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **John E. Sikes**  
(b) Address **Bonne Terre Mo.**

17. (a) **Burial** (b) Date thereof **12-10-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Marvin Chapel**

18. (a) Signature of funeral director **Benham Und. Co.**  
(b) Address **Bonne Terre Mo.**

19. (a) **Dec. 11, 1942** (b) **Byrdie Bukhman**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12<sup>th</sup>** day **7<sup>th</sup>**  
year **1942** hour **7** minute **32** P. M.

21. I hereby certify that I attended the deceased from **Dec. 5,** 1942 to **Dec. 7,** 1942  
that I last saw her alive on **Dec. 7,** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **3 das.**

Due to.....  
Due to..... **107**  
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?

While at work?..... (Specify type of place)  
(e) Means of injury **D**  
23. Signature **H. M. Roebber, M.D.** (M. D. or R.N.)  
Address **Bonne Terre, Mo.** Date signed **12/9/42**

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

94  
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RECEIVED

District Health Officer No. ....

File Number .....

RECEIVED

District Health Officer No. 4

District File Number 143-1325-

Date Filed 1-5-43

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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.....

Licensed Embalmer No. 34034

P. O. Address Bonne Ave, W

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.