

Registration District No. 775 Primary Registration District No. 6020-a

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Bonne Terre Mo  
(c) Name of hospital or institution:  
(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)  
3. (a) PRINT FULL NAME ANNIE ELIZABETH POSTON  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Jefferson D. Poston 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 25 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Hazel Run Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
MOTHER FATHER  
12. Name Joshua Thurman  
18. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name League  
15. Birthplace Independence  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Poston  
(b) Address 404 Madril Bonne Terre Mo  
17. (a) Burial (b) Date thereof May 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Martin Chapel  
18. (a) Signature of funeral director Bennett Co  
(b) Address 313 Benham Spring Grove Mo.  
19. (a) May 21, 1941 (b) M. W. Newham  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")  
(d) Street No. 105 Louisa  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 19  
year 1941 hour 6 minute 15 P. M.  
21. I hereby certify that I attended the deceased from May 10, 1941, to May 19, 1941;  
that I last saw her alive on May 19, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Senility  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration Several months  
Several years  
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) (a) Means of injury \_\_\_\_\_  
23. Signature Martin J. Newham M. D. or other M.D.  
Address Bonne Terre Mo. Date signed 5-20-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 Grand Street

**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, above space should be left blank.**