

Registration District No. 775

Primary Registration District No. 6020-A

Registrar's No. 79

1. PLACE OF DEATH: 2  
(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 ROSIE ANN POLITTE 430

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 James Polite 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 3 1854 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Golden 13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Rosalie Reamdean

15. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Henry Culp

(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof Oct 26, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Diemer Faust

(b) Address Flat River, Mo 6307

19. (a) Oct 26, 1939 (Date received local registrar) (b) N. W. Newman (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. Rural (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 23  
year 1939 hour 11 minute 5 A. M.

21. I hereby certify that I attended the deceased from May 15, 1939, to Oct 23, 1939; that I last saw her alive on Oct 23, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 13 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) (Means of injury)

23. Signature R. L. Evans (M. D. or other) \_\_\_\_\_

Address Bonne Terre Mo Date signed 10-26-39

1 X1551 WHITE PERRY CASE OVERDYEING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should 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 G. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Laurel 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.**