

U.S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42044

State File No. _____
Registrar's No. 225

Registration District No. 316

Primary Registration District No. 6073

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

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. Route 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSINE DOE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 14
year 44, hour 12 minute 25 A.M.
21. I hereby certify that I attended the deceased from 11-8-44
11-14 1944 to 11-14 1944
that I last saw h. alive on 11-13 1944
and that death occurred on the date and hour stated above.

4. Sex 71 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. G. Blue
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Nov 1 1863
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 5 days
Due to Hypertension 15 yrs
Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations § 20
Of autopsy _____

8. AGE: Years 81 Months 13 Days _____ If less than one day _____ hr. _____ min. _____
9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Christian Patt.
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Ann Murrell
15. Birthplace Yorkshire
(City, town, or county) (State or foreign country)
16. (a) Informant L. G. Blue
(b) Address Rt 1 Bonne Terre Mo
17. (a) Burial (b) Date thereof 11-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marion Chapel
18. (a) Signature of funeral director Benham
(b) Address 218 Benham Lane Bonne Terre
19. (a) 11-18-44 (b) J. Forrest Johnson
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature J. P. Johnson (M. D. or other) _____
Address _____ Date signed 11/14/44

1319

(Licensed Embalmer's Statement and Revival Sign)

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

RECEIVED

District Health Officer No. 4
District File Number 1244-4703
Date Filed 12-20-44

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 Carroll Street, Md.

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.