

FILED MAR 12 1946

Registration District No. **376**

Primary Registration District No. **6075**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **13 yrs. 3 mos. 29**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

MINNIE TETLEY

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **W.** / 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Sam Tetley** / 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **About 1874**
(Month) (Day) (Year)

8. AGE: Years **About 72** / Months / Days / If less than one day **hr. min.**

9. Birthplace **St. Francois Co., Missouri** / (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Louis Craft**
13. Birthplace **Germany** / (City, town, or county) (State or foreign country)
14. Maiden name **Angeline Ames**
15. Birthplace **St. Francois County, Missouri** / (City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**
(b) Address **Farmington, Mo.**

17. (a) **Burial** / (b) Date thereof **2-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **B. H. Leavelle**

(b) Address **313 Bentonville**

19. (a) **Feb 14, 1946** / (b) **Esther Rudloff**
(Date received local 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. **Unknown**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **4**
year **1946** hour **9** minute **45 A. M.**

21. I hereby certify that I attended the deceased from **Oct. 5, 1932** to **Feb. 4, 1946**, 19
that I last saw her alive on **Feb. 4, 1946**, 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Duration

Due to

Due to **Psychic Cerebral act Nyo**

Other conditions **Psychic Cerebral act Nyo**
(Include pregnancy within 5 months of death)

Major findings:
Of operations
Of autopsy **No 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

23. Signature **James P. Hoden** / (M. D. or other)
Address **Farmington** / Date signed **2/4/46**

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

4000
5873

Application Office No. 4
Number 346-1852
3-11-46

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. Caywell*
Licensed Embalmer No. 3706
P. O. Address Boone Tenn 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.