S. No. 2
M—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34496

FILED NOV 8 1945

Registration District No. 326 Primary Registration District No. 6075 Registrar's No. 201

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Esther St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(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
In this community about 46 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Madison 62
(c) City or town Fredericktown 1
(If outside city or town limits, write "RURAL")
(d) Street No. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eva De Guire
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 Married
6. (b) Name of husband or wife Henry De Guire
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Aug (Month) 19 (Day) 1862 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1945 hour 10 A.M. M.
21. I hereby certify that I attended the deceased from May, 1945 to Oct 26th, 1945
that I last saw her alive on Oct 20th, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
83	2	7	hr. min.

Duration

Immediate cause of death Progressing Paralysis, 1st attack was a Fall nearby 1944

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace New York (City, town, or county) (State or foreign country) /
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Steven Harkness
FATHER 13. Birthplace New York (City, town, or county) (State or foreign country) /
MOTHER 14. Maiden name Anna Eldridge
MOTHER 15. Birthplace Michigan (City, town, or county) (State or foreign country) /
16. (a) Informant Lila Murray
(b) Address St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation White Water
18. (a) Signature of funeral director [illegible]
(b) Address Fredericktown Mo.
19. (a) 10-29-45 (Date received local registrar) (b) Esther Rudloff (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? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? no (e) Means of injury

23. Signature M.D. Parker (M. D. or other)
Address Fredericktown Date signed 11-1 1945

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1145-1322

Date Filed 11-8-45

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 John D. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.