V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7012
State File No.

Registration District No. 216 Primary Registration District No. 4462 Registrar's No. 324

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Elvins 91
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hettie H. Wodron
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 W.
6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 8th (Day) 1889 (Year)

8. AGE: Years 55 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Bollinger Co, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER
12. Name Henry Propst
13. Birthplace Bollinger Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Emeline Stoltz
15. Birthplace Bollinger Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Henry W. Wodron
(b) Address Elvins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 23 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo

19. (a) 2-26-45 (Date received local registrar) Forrest Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 17th day
year 1945 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from 2-11-, 1945, to 2-17, 1945;
that I last saw her alive on 2-17, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 days
Due to: Hypertension	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Morris (M. D. or other) D.O.
Address Elvins, Mo. Date signed 2-24-1945

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 345 389
Date Filed 3-9-45

P 8 32

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 W. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River 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.