

SEP 8 1943

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 306 T 6075

Registrar's No. 76

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town St. Francois, Mo. TWP  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois Co., Mo.

(c) City or town St. Francois, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Monroe  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Lena May Maurice

3. (b) If veteran, \_\_\_\_\_ (c) Social Security name war \_\_\_\_\_ No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1942 to Aug 5 1943 that I last saw her alive on Aug 4 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white / Cauc.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Victor Peter Mauran 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased February 4 1919  
(Month) (Day) (Year)

Immediate cause of death ac. Cardiovascular failure

Due to adenocarcinoma of pancreas

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 71 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN H. G. J.

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Mr. Antoine LaPlant

13. Birthplace St. Genevieve Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mary

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

16. (a) Informant Mrs. Myrtle Harris, daughter

(b) Address St. Francois, Mo.

17. (a) Burial (b) Date thereof Aug. 9-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Catholic

18. (a) Signature of funeral director Alvin W. Hoop

(b) Address 303 Main St. St. Francois, Mo.

19. (a) Aug 10, 1943 (b) Byrdie B. Burmaster  
(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 R. J. Hline M.D. (M. D. or other) \_\_\_\_\_

Address 722 River, Mo. Date signed 8/10/43

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

94  
0  
0

RECEIVED

District Health Officer No. 4  
District File Number 943-2648  
Date Filed 9-7-43

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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 Alvin W. Hoop.....

Licensed Embalmer No. 2780.....

P. O. Address 303 Crane St. Star River, N

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.