

FILED JAN -7 1943

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **47**

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

1. PLACE OF DEATH: **St Francis**
 (a) County **Essex Mo.**
 (b) City or town **Essex Mo. June**
(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 **Mo** (b) County **St Francis Mo**
 (c) City or town **Essex**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **ADELINE LAPLANTE**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **8th**
 year **1942** hour **10pm** minute _____ M.
 21. I hereby certify that I attended the deceased from **12-1-42**
 _____ 19____ to **12-8-42** 19____
 that I last saw **her** alive on **12-7-42** 19____
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married **Divorced**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 _____ alive _____ years
 7. Birth date of deceased **3 24 1868**
(Month) (Day) (Year)

Immediate cause of death
Cerebral Paralysis
 Due to _____
 Due to _____
 Other conditions _____
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
74 8 14 hr. _____ min.

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

9. Birthplace **St Genevieve Co. Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **House work**

11. Industry or business _____
 12. Name **Harvey Brown**
 13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)
 14. Maiden name **Ada Ann Thompson**
 15. Birthplace **Ky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lipp's Montquerry**
 (b) Address **Essex Mo.**
 17. (a) **Burial** (b) Date thereof **12 9 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Miss Lantz Mo.**

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 **[Signature]** (M. D. or other) _____
 Address **Flat River Mo** Date signed **1/1/43**

18. (a) Signature of funeral director **Calvin B. [Signature]**
 (b) Address **Flat River Mo.**
 19. (a) **Dec. 10, 1942** (b) **Byrdie Bulmerston**
(Date received local registrar) (Registrar's signature)

1196

RECEIVED
District Health Officer No. 4
District File Number 143-15-5
Date Filed 1-6-43

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.....
Licensed Embalmer No.....
P. O. Address.....

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.