

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8000

Registration District No. 1795A

Primary Registration District No. 6024A

Registrar's No. _____

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

3. (a) PRINT FULL NAME Jane Gates 320
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If _____
7. Birth date of deceased Nov. 21 1854
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Potosi (City, town, or county) (State or foreign country) MO

10. Usual occupation Care of home

11. Industry or business _____
12. Name A. Bever Bates
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Jessie Swanbaugh
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rosa Saterfield
(b) Address Potosi Mo
17. (a) Burial (b) Date thereof mid 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Michell Mo.

18. (a) Signature of funeral director C. L. Boyer
(b) Address Potosi Mo
19. (a) 3-9-40 (b) W. S. Duckworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Francois
(c) City or town Potosi (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7 year 1940 hour 9 A.M. minutes 0 A. M.
21. I hereby certify that I attended the deceased from 3/3, 1940, to 3/5, 1940.
that I last saw her alive on 3/3, 1940, and that death occurred on the date and hour stated above.
Immediate cause of death infarction of age - has been blind 20 yrs
Due to arteriosclerosis
Due to myocarditis
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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 W. S. Duckworth (M. D. certifier)
Address Potosi Mo Date signed 3/9 40

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-3-17-39
Rev. 5-17-39
U. S. G. P. 1 X 1931

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, above space should be left blank.