MAY

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15223
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 2
(b) Township 0
(c) City Festus
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 421
Primary Registration District No. 4249
Registered No. 40

2. PRINT FULL NAME 2 30 Grace Margaret Bequette
(a) Residence, No. Festus Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Earl Bequette
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 16, 1902
7. AGE: Years 37 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 11, 1940
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sulphur Springs Missouri

FATHER
13. NAME: Joseph Politte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Missouri

MOTHER
15. MAIDEN NAME: Rosia Boyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Missouri

17. INFORMANT (ADDRESS): Earl Bequette Festus Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 4/15/40 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Duester - Vinyard 382 Festus Mo.
20. FILED 4/15 1940 J E Rutledge MD
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1940
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ By Inquest Duties Apr. 12, 1940
~~I last saw h~~ ..... ~~alive on~~ ....., ~~19~~ ..... Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

From Natural Causes Probable Heart Disease is indicated from evidence of relatives and near friends

Date of onset

Other contributory causes of importance: 9 B

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Frank Frazier, Coroner, ~~M. D.~~
(Address) Festus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

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, H S Vingard, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed H S Vingard

Licensed Embalmer No. 3010

P. O. Address Fresno 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, above space should be left blank.