

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39630

State File No. _____

Registration District No. 775

Primary Registration District No. 6020-a

Registrar's No. 67

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Hospital
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(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 Oct day 12
year 1940 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Oct 12
1940, to Oct 12, 1940.

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Premature labor Duration _____
(6 mo. preg)

Due to Cause unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
1198

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. [unclear] (M. D. or other) MD

Address Flour River Mo Date signed 10.14.40

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JOSEPH MENARD

8. (b) If veteran, name war _____ 3. (c) Social Security No. [unclear]

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 12 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 0 Days 0 If less than one day 3 hr. _____ min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Joseph Blandford Menard

13. Birthplace Feales Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnson

15. Birthplace Flat River Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph B Menard

(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof Oct 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic [unclear]

18. (a) Signature of funeral director [unclear]
(b) Address 313 Benton [unclear] Mo

19. (a) _____ (b) M. W. [unclear]
(Date received local registrar) (Registrar's signature)

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

4
2
1

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.