

DEPARTMENT OF COMMERCE  
MISSOURI STATE BOARD OF HEALTH  
APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 775

Primary Registration District No. 6020-a

Registrar's No. 18

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonneterre  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bonneterre Hospital   
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs (Specify whether  
In this community whole life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois <sup>94</sup>  
(c) City or town Elvins   
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 17 day  
year 1941 hour 11 minute 0 P. M.  
21. I hereby certify that I attended the deceased from  
2-17 1941 to 2-17 1941  
that I last saw him alive on 2-17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis Duration 2 d  
Due to Rupture gangrenous appendix <sup>1051</sup>  
Due to \_\_\_\_\_  
Other conditions acute glom. nephritis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy general peritonitis ruptured appendix (partial)  
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 DeLoe (M. D. or other) N  
Address DeLoe Mo Date signed 2-18-41

3. (a) PRINT FULL NAME William D. Bequette  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elsie Henson 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Aug. 8 1900  
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation W. P. A.

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

12. Name Lue Bequette  
13. Birthplace Madison Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Livingston  
15. Birthplace Madison Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William D. Bequette  
(b) Address Elvins Missouri

17. (a) Burial (b) Date thereof Feb 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dalton

18. (a) Signature of funeral director C. G. Beyer  
(b) Address DeLoe Missouri

19. (a) Feb. 18-1941 (b) N. W. Hawkin  
(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..... *E. J. Buehler*.....  
Licensed Embalmer No. *1671*.....  
P. O. Address..... *Desloge, 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, fact should be so stated above.**