

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20992

State File No. _____

FILED JUL 11 1941
Registration District No. 2

Primary Registration District No. 205

Registrar's No. 28

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

1. PLACE OF DEATH:
 (a) County andrew co.
 (b) City or town Savannah mo 5th St
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
South 5th St 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County andrew's
 (c) City or town Savannah mo South 5th
(If outside city or town limits, write "RURAL")
 (d) Street No. South 5th St 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME FRANCES, ARMINTA, ALDWELL
 3. (b) If veteran, name war X 3. (c) Social Security No. X
 4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)
 7. Birth date of deceased: Jan 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 13th
 year 1941 hour 9 minute 15 P.M.
 21. I hereby certify that I attended the deceased from June 11
1941, to June 13, 1941;
 that I last saw her alive on June 13th, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Arterio Sclerosis of Coronary arteries, accompanied by Myocardial Heart,
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 94
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace andrew co. mo 0
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife
 11. Industry or business _____

MOTHER FATHER
 12. Name George Davis
 13. Birthplace Georgetown
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Jordan
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Martha J. Foxis
 (b) Address 3509 Broadway Home City
 17. (a) Savannah (b) Date thereof June 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Savannah mo
 18. (a) Signature of funeral director J Fred Ferguson
 (b) Address Savannah mo
 19. (a) June 15-41 (b) Mrs. Jennie Ruck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?
934 (Specify type of place) _____
 While at work? no (e) Means of injury _____
 23. Signature J C Hoehner (M. D. or other) _____
 Address Savannah mo Date signed 6/14-41

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 *J. Fred Terhune*

Licensed Embalmer No. 1279

P. O. Address Savannah
me

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.