

No. 2  
4-41  
17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32460**

Registration District No. **775**

Primary Registration District No. **6020-a**

Registrar's No. **62**

1. PLACE OF DEATH:

(a) County **St. Francois**  
(b) City or town **Bonne Terre**  
(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 **one da.**  
In this community **0**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds**  
(c) City or town **Centerville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **California Isabel January**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **fem.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Richard I. January** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 20 1862**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **26**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Black Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **retired**

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

MOTHER FATHER { 12. Name **Alfred Shy**  
13. Birthplace **unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Goggin**  
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Elmer January**  
(b) Address **Flat River Mo.**

17. (a) **burial** (b) Date thereof **9/16/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centerville Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **P.O. Box 1 Ironton Mo.**

19. (a) **Sept 24 1941** (b) **M. W. Lumbert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **16**  
year **1941** hour **7** minute **30** M.

21. I hereby certify that I attended the deceased from **Sept 15**  
1941, to **Sept 16** 1941;

that I last saw her alive on **Sept 16** 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myeloid leukemia**  
Duration \_\_\_\_\_

Due to **Serbia**

Due to **93d**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: (Of operations) \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **C. H. Amelberry** (M. D. or other) **M.D.**

Address **Flat River Mo.** Date signed **9.16.41**

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

698 (Licensed Embalmer's Statement on Reverse Side)

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**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..... *Russell White*.....  
Licensed Embalmer No. *3012*.....  
P. O. Address..... *Broton Mass.*.....

**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.**