

FILED MAY 2 1942
Registration District No. 734

Primary Registration District No. 6029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town SALINE TOWNSHIP RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE ^{95°}

(c) City or town RURAL ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LOUISE A FIELD

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased MAR 27 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days 21 If less than one day _____ hr. _____ min.

9. Birthplace ST MARY'S MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name BERNARD S. PRATTE

13. Birthplace STE GENEVIEVE MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ANNE L. BRYAN

15. Birthplace AVON MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Field

(b) Address Rivers Out Cross Mo

17. (a) burial (b) Date thereof 4-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HANEY CEM. STE. GENEVIEVE, MO

18. (a) Signature of funeral director Geo. Basher

(b) Address St. Genevieve Mo

19. (a) April 21-42 (b) R. W. Joseph G. Gardner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18
year 1942 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1st
1941, to April 18th, 1942

that I last saw her alive on April 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death (Mesenteric) and (lung cancer) (Primary Metastasis) Duration about 2 years

Due to _____

Due to _____

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

Major findings: No operation

Of operations _____

Of autopsy No 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 J. A. Wilkens (M. D. or other) _____

Address St. Marys, Mo. Date signed 4/18/42

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

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.

D

District Health Officer No. 4
District File Number 542-549
Date Filed 5-12-42

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

Les C. Basher

Licensed Embalmer No.

1985

P. O. Address

St. Genevieve, 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.