

FILED OCT 14 1942

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 47

94
2
1

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

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 6 weeks 3 days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. 102 South Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes/No)
If yes, name country _____

3. (a) PRINT FULL NAME Malissa Taylor Ritter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2 year 1942 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from 7-18 1942 to 9-2 1942
that I last saw her alive on 9-1 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: Nov. 24 1860
(Month) (Day) (Year)

Immediate cause of death arteriosclerosis
of lateral branches

Duration 8 days

8. AGE: Years 81 Months 9 Days 8 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Dr L Rif 7-18-42
(Include pregnancy within 3 months of death)

9. Birthplace St. Francois Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

Major findings: Of operations 1860

Of autopsy 18

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

MOTHER FATHER

12. Name Parkin Taylor

13. Birthplace North Carolina (City, town, or county) (State or foreign country) 1

14. Maiden name Lucy Cloud Taylor

15. Birthplace Tennessee near Memphis (City, town, or county) (State or foreign country) 1

16. (a) Informant James Ritter

(b) Address Desloge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Day thereof 9 5 42 (Month) (Day) (Year)

(c) Place: burial or cremation Park View

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge Mo

19. (a) Sept. 2 1942 (Date received local registrar) (b) B. Lydia Buhmester (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 7-18-42, Dr L Rif 094

(c) Where did injury occur? at her home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at her home

While at work? no (Specify type of place) Means of injury fall

23. Signature N. O. Staell (M. D. or other) Desloge Mo Date signed 9-2-42

1196

RECEIVED

District Health Officer No. 4
District File Number 1042-1243
Date filed 10-13-42

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 C. G. Basser

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.