

S. No. 2
M-5-42
V. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40154**

FILED JAN -7 1943

Registration District No. **32**

Primary Registration District No. **5112**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Rural Lorraine Twp.**
(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)
In this community **Lifetime**
years, months or days)

3. (a) PRINT FULL NAME **Mary Catholine Crites**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **April 9 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 21 hr. min.

9. Birthplace **Bollinger Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hrb.**

11. Industry or business

MOTHER FATHER

12. Name **Melton Pointes**
13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Rachel Shanks**
15. Birthplace **Bollinger Co. Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Crites**
(b) Address **Marble Hill Mo.**
17. (a) **Burial** (b) Date thereof **Dec. 31, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hahns Chapel**

18. (a) Signature of funeral director **Baker Funeral Home**
(b) Address **Lutetia, Mo. J. E. Baker**
19. (a) **1-2-43** (b) **Mrs. Geneva Graham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bollinger 0**
(c) City or town **Rural 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Near Marble Hill**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30th**
year **1942** hour **12:00** minute **59 P.** M.
21. I hereby certify that I attended the deceased from **8/2/40** to **12/30/42**, 19
that I last saw him alive on **Dec 30 1942**, 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Decomposition** Duration
Cardiac Decomposition
Due to **Atherosclerosis**

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

830

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?

(Specify type of place)
While at work? (c) Means of injury
23. Signature **John J. Myers** (M.D. or other)
Address **St. Louis** Date signed **1/2/43**

Health Officer No. 143-1566
District File Number 1-6-13
Date Filed 1-6-13

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. E. Graham
Licensed Embalmer No. 4010
P. O. Address Louisville, 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.