

Registration District No. 316

Primary Registration District No. 3059

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: 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 47 E. Johnson St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Anna Belle House

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1943 hour _____ minute 6:50 P.M.

4. Sex Fem 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William Hoff House 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 30 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1942 to 1-3-1943; that I last saw her alive on Dec. 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration year

8. AGE: Years Months Days If less than one day

72 3 3 hr. _____ min.

9. Birthplace Ste Genevieve Co, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Phillip Yeager

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Boswell

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Harold House

(b) Address Bonne Terre no

17. (a) Burial (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Benham Hnd. Co.

(b) Address Bonne Terre no

19. (a) Jan 9, 1943 (b) Byndie Buchmester
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) 93d

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 H. U. Roebber (M. D. or other)

Address Bonne Terre, Mo. Date signed 1-7-43

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

24
2
1

Public Health Officer No. 4
District File Number 243-160
Date Filed 2-5-43

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 Eleana Province
Licensed Embalmer No. 3403
P. O. Address Gonne Lane, N

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.