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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 14 1943

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Pilot Knob
(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 one year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Pilot Knob
(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 0

3. (a) PRINT FULL NAME Carolyn Sue Santonge

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 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased February 7 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>1</u>	<u>16</u>	<u>0</u>
				hr. min.

9. Birthplace Bismarck Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Joseph Santonge

13. Birthplace Knoblochtown, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Hurst

15. Birthplace Fredericktown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Santonge

(b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof 3-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iron Mountain Mo.

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

(b) Address R. White Ironton Mo.

19. (a) 3/29/43 (b) Vergene R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1943, hour 6:30 minute 9 M.

21. I hereby certify that I attended the deceased from March 23rd 1943 to March 23rd 1943
that I last saw her alive on March 23rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute Bronchial pneumonia

Due to acute max-pharyngitis

Due to 101

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration 3/23/43
3/22/43

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?

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

While at work? 0 (Specify type of place)

(e) Means of injury med.

23. Signature R. E. Harland (M. D. or other)
Address Ironton Mo Date signed 3/29/43

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

RECEIVED

District Health Officer No. 4
District File Number 443-2092
Date Filed 4-12-43

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 Amel J. White
Licensed Embalmer No. 3012
P. O. Address Ironton 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.