

26398

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 18 1943

Registration District No. _____

Primary Registration District No. 6244

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Old Mines Mo. Union
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 21-7-2 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME James B. Bequette

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

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

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

7. Birth date of deceased Nov. 25-1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 7 2 hr. min.

9. Birthplace Old Mines Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Mining

11. Industry or business _____

MOTHER FATHER
12. Name Jofrey Bequett
13. Birthplace Old Mines Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Genevieve Portell
15. Birthplace Old Mines Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas L. Portell

(b) Address Cadet Mo. R.1

17. (a) Burial (b) Date thereof 7/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines Mo.

18. (a) Signature of funeral director Boyer Funeral Home

(b) Address Potosi Mo.

19. (a) 7-28-1943 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Old Mines
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27
year 1943 hour 1 minute 0 P.M.

21. I hereby certify that I attended the deceased from 7-26, 1943, to 7-27, 1943
that I last saw him alive on 7-27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastro enteritis 2 days
Duration _____

Due to _____
Due to _____

Other conditions Chronic arthritis
(Include pregnancy within 3 months of death)

Major findings: 120k
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 0

23. Signature Joseph L. Thurman (M. D. officer)
Address Potosi, Mo. Date signed 7-28-43

801 (Licensed Embalmer's Statement on Reverse Side)

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

Rev. 8-17-39 1 X1931

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.

RECEIVED

District Health Officer No. 4

District File Number 843-2609

Date Filed 8-12-43

AUG 18 1943

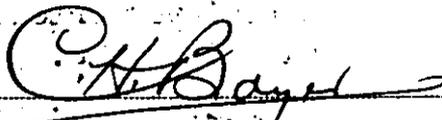
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4158

P. O. Address 107051 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.