

FILED AUG 13 1943

State File No. _____
Registrar's No. 39

Registration District No. 566

Primary Registration District No. 4536

1. PLACE OF DEATH:

(a) County Washington Co.
(b) City or town Potosi Mo.
(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 Washington
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Mineral Point
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ronald G. Standifer

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased Jan 18 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name James L. Standifer

13. Birthplace East St Louis Ill. (City, town, or county) (State or foreign country)

14. Maiden name Florence Amer

15. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Florence Standifer

(b) Address Mineral Point Mo.

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

(c) Place: burial or cremation Old Germany Cemetery

18. (a) Signature of funeral director C. F. Sparker
(b) Address Potosi Mo.

19. (a) 7-29-1943 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from July 26 1943 to July 28 1943
that I last saw him alive on July 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 1190

Major findings: Of operations _____
Of autopsy _____

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. or other) _____
Address Potosi Mo. Date signed 7-29-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 843-2609
Date Filed 8-12-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.