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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29616

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi Breton (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 Mo (b) County Washington 110

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

(d) Street No. near Potosi 11 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Melendia Postlethwaite

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F F

5. Color or race W

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

6. (b) Name of husband or wife Louis Postlethwaite

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec (Month) 5 (Day) 1863 (Year)

8. AGE: Years 79 Months 5 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business Haus wife

FATHER
12. Name Bazz Evans
13. Birthplace Potosi (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Susan McTore
15. Birthplace Potosi (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Louis Postlawaite

(b) Address Potosi Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Potosi

18. (a) Signature of funeral director C. L. Sparks

(b) Address Potosi Mo

19. (a) 8-20-1943 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from ..... 1935 to 7-17 1943 that I last saw her alive on July 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Left side Brain

Due to Repeated

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

Duration

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? ..... (e) Means of injury .....

23. Signature C. F. Cunwell (M. D. or other)

Address Potosi Mo Date signed 8/9/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 943-2674

Date Filed 9-8-43

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 Everett Sparks

Licensed Embalmer No 4287

P. O. Address Flat River 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.