

No. 2  
1-4-41  
5-17-39  
X 26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32412

State File No. \_\_\_\_\_

D SEP 17 1943  
Registration District No. 314

Primary Registration District No. 6061

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Gerster-Rural *North Texas*  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 79 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 93

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

(c) City or town Gerster Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mary J. De Lozier

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Joseph J. De Lozier alive \_\_\_\_\_ years

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased January 9 1850  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>5</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business retired

MOTHER FATHER

12. Name Elijah Green

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

14. Maiden name Sarah Bell

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

16. (a) Informant Amos Sinms

(b) Address Gerster Missouri

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

(c) Place: burial or cremation Kings Prairie Cemetery

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

(b) Address Osceola Missouri

19. (a) 6-3-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 1943 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 3 1943 to June 14 1943  
that I last saw her alive on May 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency

Duration fair

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 928

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (d) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)

Address Osceola Mo Date signed 6-21-43

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

1120

RECEIVED

District Health Officer No. 71

District File Number

Date Filed

8-43-944  
9-15-43

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

*Paul Frestone*

Licensed Embalmer No.

3990

P. O. Address

*Dundee 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.