

S. No. 2
M-9-4-1
K-5-17-3
-1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36053

State File No. _____

Registration District No. 368

Primary Registration District No. 6248

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Richwoods MO

(c) Name of hospital or institution: Russell

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 82 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Richwoods Rural MO (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 LUCY CHARBONFAU

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color of hair White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 1 years (Month) (Day) (Year)

7. Birth date of deceased: 10 (Month) 1861 (Year)

8. AGE: Years 82 Months 17 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Bugene Doyen

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

14. Maiden name Margaret Coan

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

16. (a) Informant Mrs Winn Brewer

(b) Address Richwoods MO

17. (a) _____ (b) Date thereof 10 29 43 (Month) (Day) (Year)

(c) Place: burial or cremation Richwoods MO

18. (a) Signature of funeral director Joe Doyen

(b) Address Richwoods MO

19. (a) 10 29 43 (Date received local registrar)

(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27 year 1943 hour 12 minute PM

21. I hereby certify that I attended the deceased from 10-12-43 to 10-27-43 1943

that I last saw her alive on 10-26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to infarct of aq

Due to and esantery

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

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? no (Specify type of place) (e) Means of injury _____

23. Signature O W Parker (M. D. or other)

Address Richwoods Date signed 10-27

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

1000

1357

(Licensed Embalmer's Statement on Reverse Side)

195

RECEIVED

District Health Officer No. 4
District File Number 1143-2852
Date Filed 11-4-43

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.....

Geo L. Fisher

Licensed Embalmer No. 3008

P. O. Address.....

Pacific 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.