

S. No. 2  
-11-10-39  
7-5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 15 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43260

State File No. \_\_\_\_\_  
Registrar's No. 105

Registration District No. 273

Primary Registration District No. 5913

29  
9

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

1. PLACE OF DEATH:  
(a) County Perry  
(b) City or town Rural Boise Brule town  
(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 (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Betty Jane Modde  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 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 June 3, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 6 3 hr. \_\_\_\_\_ min.

9. Birthplace Perry County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Edward L. Modde  
13. Birthplace Perry County Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Maude Wood  
15. Birthplace Perry County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward L. Modde  
(b) Address Belgique, Mo

17. (a) Burial (b) Date thereof Dec. 7, 1943  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: burial or cremation Belgique Catholic Cem

18. (a) Signature of funeral director W. J. Linnel Home  
(b) Address 7. Perryville, Mo

19. (a) Dec. 7, 1943 (b) Thor Elder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Perry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Boise Brule Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th  
year 1943 hour 8:45 minute A. M.  
21. I hereby certify that I attended the deceased from Dec 4, 1943 to Dec 6, 1943  
that I last saw her alive on Dec 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Lobar  
Duration 4 days

Due to Congenital Heart disease.

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

Other conditions (Include pregnancy within 3 months of death) None  
Major findings: 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 \_\_\_\_\_  
23. Signature Escavalarron (M. D. or other) \_\_\_\_\_  
Address Perryville Mo Date signed 12-6-43

1326

RECEIVED

District Health Officer No. 4  
District File Number 144-3231  
Date Filed 1-11-44

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.**