

No. 2  
4-13-40  
5-17-39  
X23159

67149

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registrar's No. 30

FILED JUL 3 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6244

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

1. PLACE OF DEATH  
 (a) County Washington (Union Township)  
 (b) City or town Cadet R.R. #1  
 (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 \_\_\_\_\_  
 years, months or days

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

3. (a) PRINT FULL NAME Annie M. Bequette  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 16  
 year 1944 hour 9 minute 10 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Charles Albert Bequette 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased May 23 1876  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the day and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Paralysis  
Cerebral Hemorrhage  
left side  
Brain  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace Cadet Mo. (City, town, or county) (State or foreign country) 0  
 10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name Firmin Boyer  
 13. Birthplace Old Mines Mo. (City, town, or county) (State or foreign country) 0  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Charles A. Bequette  
 (b) Address Cadet Mo. R.R. #1  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-1944  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Old Mines Mo.  
 18. (a) Signature of funeral director Boyer Funeral Home  
 (b) Address Potosi Missouri  
 19. (a) 6-19-1944 (Date received local registrar) (b) Jon. L. Thurman (Registrar's signature)

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 [Signature] (In D. or other) \_\_\_\_\_  
 Address Palatka Mo. Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 4  
District File Number 744-4014  
Date Filed 7-6-44

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 only

Mary M Smith

, Registered Apprentice No. 359

working under my personal supervision.

Signed H. B. [Signature]

Licensed Embalmer No. 14158

P. O. Address 10705 2nd

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.