V. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22754

Registration District No. 366 | Primary Registration District No. 6244 | Registrar's No. 28

1. PLACE OF DEATH:
(a) County WASHINGTON (UNION TOWNSHIP)
(b) City or town 1½ MI. N. OF PATOSI (HIGHWAY 21)
(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 1 (Specify whether years, months or days)
In this community 17 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WASHINGTON
(c) City or town OLD MINES 110
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES RAYMOND JULIETTE
3. (b) If veteran, name war NO.
3. (c) Social Security No. 494-22-9947.
4. Sex M: 0
5. Color or race W.
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 JAN (Month) 23. (Day) 1927 (Year)

8. AGE: Years 17 | Months 4 | Days 23. | If less than one day hr. min.

9. Birthplace OLD MINES (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation LABORER.
11. Industry or business
MOTHER FATHER
12. Name PATRICK JULIETTE.
13. Birthplace OLD MINES (City, town, or county) MO. 0 (State or foreign country)
14. Maiden name M. LUCY POLITTE.
15. Birthplace OLD MINES (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant PATRICK JULIETTE
(b) Address OLD MINES MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation OLD MINES MO
18. (a) Signature of funeral director Boyer Funeral Home.
(b) Address PATOSI MO
19. (a) 5-31-44 (Date received local registrar) (b) Joseph L. Plummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1944 hour 8 AM minute 30 M.
21. I hereby certify that I attended the deceased from NO Physician, 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental Drowning	
Due to: Accidental Drowning	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Drowning	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence May 28 1944 8 30 A.M. 110
(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? Big River Union Township Washington County (Specify type of place)
While at work? (e) Means of injury
23. Signature G. H. Coy Coroner Washington County (M. D. or other)
Address Potosi Mo Date signed 5/30/44

40 ¢ (Licensed Embalmer's Statement on Reverse Side)

ED

Health Officer No. 4

District File Number 244-4000

Date Filed 2-5-44

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, or by Mary M Smith, Registered Apprentice No. 359, working under my personal supervision.

Signed O H Bayh

Licensed Embalmer No. 4158

P. O. Address Potosi 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.