

S. No. 2
1-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28661

Registration District No. 304

Primary Registration District No. 6064-6046 Registrar's No. 5

1. PLACE OF DEATH:

(a) County ST Charles

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST Charles

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Near New Millers (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSAN MCWATERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1944 hour 5 minute 30 P M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 29 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 21 1944 to Aug 24 1944 that I last saw her alive on Aug 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease Duration _____

8. AGE: Years Months Days If less than one day

74 6 26 hr. min.

9. Birthplace St Charles Co (City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business _____

12. Name Douglas Porter

13. Birthplace St Charles Co (City, town, or county) (State or foreign country)

14. Maiden name Inf. Bagon

15. Birthplace St Charles Co (City, town, or county) (State or foreign country)

16. (a) Informant Roy Thornhill

(b) Address Washington

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director James Muschey

(b) Address Wentzville MO

19. (a) Aug 26, 1944 (b) Gene Rickmers
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Chronic gastritis
(include pregnancy within 3 months of death)
Arterio Sclerosis

Major findings:
Of operations _____

Of autopsy None 922

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 Benjamin Brandt (M. D. or other)
Address Thoristell Mo Date signed 8-28-44

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

2000

664

Handwritten notes and signatures in the upper left quadrant, including names like "P. P. ..."

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 9-12-44

Handwritten notes above the section header

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 *Marie Munday*
Licensed Embalmer No. 2469
P. O. Address *Wentzville, 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.

Handwritten notes at the bottom right