

FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31642

Registration District No. 216

Primary Registration District No. 6025

Registrar's No. 176

1. PLACE OF DEATH

(a) County St. Francois

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

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 2 weeks Specify whether
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Esther - no address
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME Margrete Duwall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1944 hour 8 minute _____ AM.

4. Sex Female 5. Color or race white

6. (a) Single (b) Widowed (c) Married (d) Divorced (e) W

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

7. Birth date of deceased July 6 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 20, 1944 to Sept 20, 1944
that I last saw her alive on Sept. 20, 1944
and that death occurred on the date and hour stated above.

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

96 2 14 hr. min.

Immediate cause of death Coronary Heart Disease unknown

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

Due to _____

Due to _____

Other conditions 94a
(Include pregnancy within 5 months of death)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name William Meacer

13. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs Edla Bloom

(b) Address Coffman Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 9-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mo.

(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? Yes (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Flot River Co

(b) Address Flot River Mo.

19. (a) 9-23-44 (b) Ernest Hunsan
(Date received local registrar) (Registrar's signature)

23. Signature H. C. Shepherd (M. D. or other)
Address Flot River, Mo. Date signed 9-23-44

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

100

RECEIVED

District Health Officer No. 4
District File Number 1044-4447
Date Filed 10-11-44

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.....

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

Signed

Everett Sparks

Licensed Embalmer No. 4287

P. O. Address 7607 Riverside

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.