

S. No. 2
4-8-43
5-17-39
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State File No. _____

Registrar's No. 360

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 42

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours
(Specify whether
In this community One day (transient)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Bexar 999
(c) City or town San Antonio, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 9 Box 22
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Mexico, D.F.

3. (a) PRINT FULL NAME Aurora Montoya Prado

3. (b) If veteran, Alien. (c) Social Security name war No. 3304961

4. Sex Female 5. Color or race Mexican 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased 1900 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Mexico City Mexico
(City, town, or county) (State or foreign country)

10. Usual occupation Harvester

11. Industry or business Standard Brands-Saratoga, Ind.

MOTHER FATHER

12. Name Unknown

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

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

16. (a) Informant Antonio Garcia

(b) Address Laredo, Texas.

17. (a) Removal (b) Date thereof 11-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Antonio, Texas

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Missouri

19. (a) 11-9-44 (b) Belle Ferris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1944 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from 11-7, 1944 to 11-8, 1944,
that I last saw her alive on 11-8, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus, (Coma) tubercular
Duration _____

Due to _____

Due to 69

Other conditions _____
(Include pregnancy within 3 months of death)

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 Belle Ferris (M. D. or other)
Address Poplar Bluff, Mo. Date signed 11/9/44

RECEIVED

District Health Office No. 2,

District File Number 1144-157

Date Filed 11-13-44

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 Alfred M. Greer

Licensed Embalmer No. 1027

P. O. Address Poplar Bluff, 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.