

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 30 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38084**  
Registrar's No. **155**

Registration District No. **160**

Primary Registration District No. **3030**

1. PLACE OF DEATH:  
(a) County **Jefferson**  
(b) City or town **Festus**  
(c) Name of hospital or institution:  
**727 Vine St**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Clotilda Carron**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Ambrose Carron** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Mar 20 1863**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **7** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **French Village Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

12. Name **Theo. Boyer**  
13. Birthplace **Old Mines Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Clotilda Carron**  
15. Birthplace **Bloomdale Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Kennard Bittick**  
(b) Address **Festus Mo**

17. (a) **Burial** (b) Date thereof **11-8-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Catholic Cemetery**

18. (a) Signature of funeral director **Fink Funeral Parlor**  
(b) Address **Festus Mo**

19. (a) **Nov 6 1944** (b) **Lynnie Williams, Reg**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Festus** 50  
(If outside city or town limits, write "RURAL")  
(d) Street No. **727 Vine St** 3  
(If rural, give location) **1**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5th**  
year **1944** hour **3** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Nov 5**  
\_\_\_\_\_ 1944 to **Nov 5** 1944  
that I last saw her alive on **Nov 5**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Hejnyford MO** (M.D. or other)  
Address **Cape Girardeau Mo** Date signed **Nov 6 1944**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

1359

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

0  
3  
1

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 11-29-44

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: Elena Province

Licensed Embalmer No. 3403

P. O. Address Detroit 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.**