. 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 DEC 22 1944

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42041

Primary Registration District No. 3059

Registrar's No. 236

1. PLACE OF DEATH:

(a) County St Francois

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

(c) Name of hospital or institution:
Bonne Terre, Hospital Bonne Terre, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about a month
(Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois 94

(c) City or town Desloge, Mo. 6
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Luvinia Jane Counts

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or white race Cauc.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. George Albert Counts

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

7. Birth date of deceased April (Month) 20 (Day) 1870 (Year)

8. AGE: Years 74 Months 7 Days 16. If less than one day hr. min.

9. Birthplace St. Genevieve County (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Mr. Timothy Gordon
13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Miss Sallie Camden Gordon
15. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

16. (a) Informant Miss Edith Counts - daughter

(b) Address Desloge, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Leadington, Mo

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Crane St. Flat River, Mo.

19. (a) 12-8-44 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Oct 1944 to 12-7 1944
that I last saw her alive on 12-6 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ocarcha pneumonia	2 days
~~Due to~~ Intra cranial hemorrhage	6 w/s
Due to	
Other conditions: interstitial nephritis hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H C Goelle 0 (M. D. or other)

Address Desloge Date signed 12-7-44

1373

(Licensed Embalmer's Statement on Reverse Side)

ISSUED

District Health Officer No. 4

District File Number 1244-4685

Date Filed 12-20-44

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 Alvin W. Stand

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River, Me

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.