S. No. 2
M—2-43
5-17-39
I X35597

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

Pastum

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42044

State File No.

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 225

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre Mo R-1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R-1 Bonne Terre (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. Route 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSINE DOE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. L. Doe
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Nov (Month) 1 (Day) 1865 (Year)
8. AGE: Years 81 Months Days 13 If less than one day hr. min.
9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Christian Patt
FATHER 13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ann Murrell
MOTHER 15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant L. L. Doe
(b) Address R-1 Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Marvin Chapel
18. (a) Signature of funeral director Benham Bros Co
(b) Address 218 Benham Bonne Terre Mo
19. (a) 11-18-44 (Date received local registrar) (b) Conrad Lohman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 44 hour 12 minute 25 A. M.
21. I hereby certify that I attended the deceased from 11-8-44 ~~11-14~~ 19 to 11-14 19 44 that I last saw h~~er~~ alive on 11-13 19 44 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	5 days
Due to Hypertension	15 yrs
Due to Senility	
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? (Specify type of place)
While at work? (b) Nature of injury
23. Signature H. P. Hahn (M. D. or other)
Address Bonne Terre Mo Date signed 11/14/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1244-4703

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 C J Claywell

Licensed Embalmer No. 3706

P. O. Address Boone Iowa

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.