

S. No. 2
M-8-43
V. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7015**

ED MAR 1945

Registration District No. **216**

Primary Registration District No. **3059**

Registrar's No. **308**

1. PLACE OF DEATH:

(a) County St. Francis

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

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

(d) Length of stay: In hospital or institution four days
(Specify whether)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Helen Maxine Downs

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month January day 29
year 1945 hour 2 minute 35 AM.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Downs 6. (c) Age of husband or wife if alive 21 years
(Day) (Year)

7. Birth date of deceased Dec. 25 1925
(Month) (Day) (Year)

24. I hereby certify that I attended the deceased from Jan. 25, 1945 to Jan. 29, 1945
that I last saw h. or alive on Jan. 28, 1945
and that death occurred on the date and hour stated above.

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

19 1 4 hr. min.

Immediate cause of death: Terminal pneumonia Duration 13 yrs
Rheumatic Endocarditis

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

10. Usual occupation Housewife

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Henry Maision

13. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Carson

15. Birthplace Madison Co. Missouri
(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 Mr. G. H. Maision

(b) Address E. 11th, 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 12-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Memorial Park

(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?

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address Plat River, Mo.

19. (a) 2-12-45 (b) James Johnson
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury

23. Signature H. G. Stephens (M. D. or other)

Address Plat River, Mo. Date signed 2-6-45

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

4
2
1

21375

(Licensed Embalmer's Statement on Reverse Side)

Death Officer No. 4
District File Number 345-382
Date Filed 3-9-45

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 Flat River M

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.