U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7048

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 305

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")
(d) Street No. R. Route 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME ANNIE EDITH THOMURE

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 WIDOWED

6. (b) Name of husband or wife Walter Thomure 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 28 (Day) 1891 (Year)

8. AGE: Years 53 Months 7 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Carver 9
13. Birthplace Unknown (City, town or county) (State or foreign country)

MOTHER
14. Maiden name Malissa Glare 11
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Henry Thomure
(b) Address R-1, Bonne Terre Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run Mo

18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Benham Bonne Terre Mo

19. (a) 2-20-45 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th. year 1945 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 6 1944 to Jan 24 1945 that I last saw her alive on Jan 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus 22 yrs

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)
Address Bonne Terre Mo Date signed 1-25-45

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 245-395

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.