S. No. 2
OM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10044

Registration District No. FILED MAR 22 1945

Primary Registration District No. 3036

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 420 E, Church St
(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 Lawrence 53

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. 420 E, Church St
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Martin Bequette

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beulah Bequette 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb, 14 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Miner

11. Industry or business .....

FATHER
12. Name Not Known
13. Birthplace Not Known
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Bequette
(b) Address Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/45
(Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo

18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.

19. (a) Feb 28-45 (Date received local registrar) (b) Eunice Greene (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 25
year 1945 hour 4 minute 00A. M.

21. I hereby certify that I attended the deceased from Feby 21, 1945 to Feby 25, 1945; that I last saw him alive on Feby 24, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: 6th Myocarditis	?
Due to Hypertension	?
Due to Prostatism	?
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? ..... (e) Means of injury .....

23. Signature R. Dowan (M. D. or other)

Address Aurora Mo. Date signed 2/28/45

1154

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-349
Date Filed MAR 21 1945

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 Herman Burridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.