

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: _____
(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 4 yrs

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Rivermines 914
(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 Victoria Louise Bayles

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

7. Birth date of deceased Dec 9 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace near new Boston Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Cubanika

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Kappacher
(City, town, or county) (State or foreign country)

15. Birthplace near new Boston Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Bayles

(b) Address Rivermines

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

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

18. (c) Signature of funeral director Galduel Lopez

(b) Address Flat 202, 1st St

19. (a) 3-2-45 (b) James Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1945 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Feb. 26, 1945 to Feb. 26, 1945 and that death occurred on the date and hour stated above.

that I last saw her alive on Feb 26 1945

Immediate cause of death Coronary Arteriosclerosis Duration 1 day

Due to Probably sore throat 2 days

Due to _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Henry Applebury MD (M. D. or other) _____
Address Rivermines Mo Date signed 3-1-45

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RECEIVED

District Health Officer No. 4
District File Number 345-401
Date Filed 3-19-45

MAR 23 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 W.A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River, 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.