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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11025
Registrar's No. 3164

Registration District No. 319 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital 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: 35

(a) State Missouri (b) County Dent
(c) City or town Salem 1
(If outside city or town limits, write "RURAL") NR.
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie J. Bouey
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife G.A. Bouey
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased January (Month) 6 (Day) 1880 (Year)

8. AGE: Years 65 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Phelps County (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Louis Cass Adams
13. Birthplace Phelps County (City, town, or county) Missouri (State or foreign country) 1
MOTHER
14. Maiden name Josephine Blaine
15. Birthplace Phelps County (City, town, or county) Missouri (State or foreign country) 1
16. (a) Informant G.A. Bouey
(b) Address Salem, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Houston, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1945 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from 4-1-45, 19 , to 4-8-45, 19 ;
that I last saw her alive on 4-8-45, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis Chr. — Duration
Due to Hydrof Gall Bladder
Due to Carcinoma Head of Pancreas Pancreas
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 46 g
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 K Andrews (M.D. or other) 4-9-45
Address 4932 Mary Cave Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 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.....

Licensed Embalmer No.....

P. O. Address.....

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.