

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. England Hill
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna June Bequest

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Arnold Bequest

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 10 1903
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1945 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from July 15 1945 to July 24 1945
that I last saw him alive on July 24 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 1 Days 14 If less than one day hr. _____ min. _____

Immediate cause of death Septicemia

Due to Subtotal hysterectomy
(Hypostomal Rismis)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Yorkman, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry N. Blanchard

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

14. Maiden name Arthur's Sister

15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings: Subtotal hysterectomy
Of operations 7/23/45

Of autopsy 1391

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Arnold Bequest

(b) Address Carterville, Mo

17. (a) Burial (b) Date thereof July 29 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director West City Burial Co

(b) Address West City, Mo

19. (a) July 27 1945 (b) Dr. W. Lillie Lagle
Date received local registrar (Registrar's signature)

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 2

23. Signature P. F. Gregory (M. D. or other) Dr

Address Waverly, Mo Date signed 7/27/45

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

19
6
2

5-17-39
X37823

45-7628

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 myself,

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.