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 AUG 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25317

Registration District No. 366

Primary Registration District No. 4535

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Mineral Point (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Mineral Point (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 Mary Carrie Gouero

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 12 (Day) 1873 (Year)

8. AGE: Years 72 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business ~~Paul Boyer~~

FATHER
12. Name Paul Boyer
13. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Missy
15. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clara Moss

(b) Address Mineral Point Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-45 (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director C. L. Sparks

(b) Address Potosi Mo.

19. (a) 6-28-45 (Date received local registrar) (b) Jos. L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1945 hour 10 minute P. M.

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

Immediate cause of death Coronary Thickening myocarditis

Due to Acute Dilation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93

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 G. F. Cresswell (M. D. or other)

Address Potosi Mo. Date signed 7/2/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-2-45

District Health Officer No. 4

District File Number 845-884

Date Filed 8-2-45

AUG 7 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 Everett Snarks

Licensed Embalmer No. 4287

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.