

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28792

State File No.

FILED AUG 24 1945
Registration District No. 204

Primary Registration District No. 6478437

Registrar's No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town FRONDALE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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:
(a) State Missouri (b) County Washington
(c) City or town FRONDALE
(If outside city or town limits, write "RURAL")
(d) Street No. ---
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME BERTHA ANN PROVINCE
3. (b) If veteran, name war: ---
3. (c) Social Security No. ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 9
year 1945 hour 10 minute A M.
21. I hereby certify that I attended the deceased from
4-17 1945 to 7-8 1945
that I last saw him alive on 7-8 1945
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Chester PROVINCE
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased MARCH 15 1891
(Month) (Day) (Year)

Immediate cause of death Coronary Atherosclerosis
Duration 1 year

8. AGE: Years 54 Months 3 Days 23
If less than one day --- hr. --- min.

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: H.A.
Of operations.....
Of autopsy.....

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

10. Usual occupation Housewife

11. Industry or business ---
12. Name T. A. Buxton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name LYDIA LONES
15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chester Province
(b) Address Frondale, Missouri

17. (a) Burial (b) Date thereof July 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frondale

18. (a) Signature of funeral director J. S. Boyer & Son
(b) Address Leadwood, Missouri

19. (a) July 10-1945 (b) Mrs. J. P. Yeorgain
(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?
While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature J. H. Younain (M. D. or other)
Address Frondale, Mo. Date signed July 10 1945

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

RECEIVED

District Health Officer No. 4
District File Number 845-1020
Date Filed 8-22-45

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.....

Melvin Miller

Registered Apprentice No. 367

working under my personal supervision.

Signed.....

Beal L. Boyer

Licensed Embalmer No. 3441

P. O. Address.....

Leadwood

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.