. S. No. 2
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v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31356

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 152

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

94
4
✓

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94
(c) City or town Farmington 4
(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 no

3. (a) PRINT FULL NAME Mary Frances Counts

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 wife Noah Counts
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased January 21 (Month) 1872 (Day) (Year)

8. AGE: Years 73 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Ste Genevieve City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Thomas J. Depper
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Martha Caroline Wampler
15. Birthplace Greenville (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Noah Counts
(b) Address Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof 9-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 9-9-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6 year 1945 hour 10 minute 52 P. M.

21. I hereby certify that I attended the deceased from April 1, 1945, to Sept. 6 - 1945, that I last saw her alive on Sept. 6, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Fundus of Uterus - Cervix & Abdominal Carcinoma	
Due to	3 yrs.
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. L. Wathus (M. D.)
Address Farmington Mo Date signed 9-8-45

1397

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 94S-1130

Date Filed 9-27-45

OCT 1 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 C. H. Coffin

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.