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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 12 1945

State File No. 31380

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 149

94
2
1

1. PLACE OF DEATH:

(a) County ST. FRANCOIS
(b) City or town BONNE TERRE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BONNE TERRE O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois 94
(c) City or town Desloge 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JANET DIANE VESSELL
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced CHILD 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 11 (Day) 1945 (Year)

8. AGE: Years	Months	Days	If less than one day
	3	20	hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name KENNETH VESSELL
13. Birthplace PERRY COUNTY (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name ANNA EDWARDS
15. Birthplace CRYSTAL CITY (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant KENNETH VESSELL
(b) Address DESLOGE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 3-45 (Month) (Day) (Year)
(c) Place: burial or cremation ST. FRANCOIS
18. (a) Signature of funeral director C. Z. Boyer
(b) Address Desloge Mo
19. (a) 9-8-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1945 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from Sept 1, 1945, to Sept 1, 1945 that I last saw her alive on Sept 1st 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute colitis	3 days
Due to unknown	
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 G. L. Evans (M. D. or other)
Address Bonneterre Mo Date signed 9-3-45

1391

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1045-1202
Date Filed 10-9-45

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

Signed C. J. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge 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.