. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

34456

FILED NOV 15 1945

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 143

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: St Joseph Hospital 0 (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 Mo (b) County Lincoln 57

(c) City or town Foley 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Alice Jane Cox

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 W. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 8 (Day) 1857 (Year)

8. AGE: Years 88 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Jonathan Watts
13. Birthplace — (City, town, or county) N. C. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Jane Davis
15. Birthplace — (City, town, or county) K. Y. 1 (State or foreign country)

16. (a) Informant Mrs Harriet Vaughn

(b) Address Elsberry Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Corrents Cemetry

18. (a) Signature of funeral director W. D. Bradley

(b) Address Elsberry Mo

19. (a) 10/3/45 (Date received local registrar) (b) Ernest Es Gaule (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 2nd year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 9/30, 1945 to 10/2, 1945 that I last saw her alive on 10/2, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Fractured l. hip. intestinal hemorrhage	1 wk.

Major findings:
Of operations 0
Of autopsy 0

186 w 5 18

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) accident 57

(b) Date of occurrence 9/28/45

(c) Where did injury occur? Foley (City or town) Lincoln (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home — fell (Specify type of place)

While at work? no (e) Means of injury fell

23. Signature B. L. Neubiese (M. D. or other) [illegible]

Address St Charles Mo Date signed 10/4/45

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 11-14-45

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 W. D. Bradley

Licensed Embalmer No. 3966

P. O. Address Elsberry 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.