S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42327

State File No.

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 251

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 Hospital
(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 St. Francois 94
(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL")
(d) Street No. S.W. Main St 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRANCES LOUISE NESS

3. (b) If veteran, name war ✓

3. (c) Social Security No. 354-12-2567

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Leonard Ness

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct. (Month) 12 (Day) 1910 (Year)

8. AGE: Years 35 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Webster Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Dr. J. L. Ferguson
(b) Address S.W. Main Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Mem. Pk.

18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Benham Bonne Terre Mo

19. (a) 12-13-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1945 to Dec 3, 1945 that I last saw her alive on Dec. 3rd 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Hypertension

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration: 1 year, 2 months

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 Charles E. Sutton (M. D. or other)
Address 11 Allen St Bonne Terre Mo. Date signed 12/5/45

1397

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-1573

Date Filed 1-9-46

JAN 23 1946

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. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.