S. No. 2
M—5-43
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I X36671

2118

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4017

Registration District No. 367 Primary Registration District No. 6076 Registrar's No. 129

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elms Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 in years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town ~~St. Louis County~~ Jennings 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2520 McLaren Ave Jennings Mo
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary Jane Healy

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James Healy 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Aug 30, (Month) (Day) 1860 (Year)

8. AGE: Years 85 Months 4 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James Boulton
13. Birthplace Woodstock (City, town, or county) Ohio (State or foreign country)

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

16. (a) Informant Mrs. Anna Brown
(b) Address 2520 McLaren Ave Jennings Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 21-1946 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Paducah Kentucky

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4452 Washington Bl.

19. (a) 1-21-46 (Date received local registrar) (b) E. D. McGarran Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 18th
year 46 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 1-5-, 1946, to Jan 18, 1946;
that I last saw her alive on Jan 18, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza 93d	2 weeks
Due to: Bronchol-pneumonia	10 Day
Due to: Ctr myocarditis	1935
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: None	

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 Roy Johnson (M. D. ~~or other~~)
Address Ferguson Mo Date signed 1/19/46

7-07 (Licensed Embalmer's Statement on Reverse Side)

JAN 29 1946

By Johnson

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 John Kettler

Licensed Embalmer No. 3880

P. O. Address.....

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.