

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13665

State File No. _____

Registration District No. 388

Primary Registration District No. 5593

Registrar's No. 459

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Danby (Rural)
(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 Life _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson / 50
(c) City or town Danby (Rural) /
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Brenda Lee LaRue

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased January 24 1941
(Month) (Day) (Year)

8. AGE: Years 5 Months 3 Days 14 If less than one day
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Franklin LaRue /

13. Birthplace Festus Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Scott

15. Birthplace Danby Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Williams

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 4-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose lawn Memorial

18. (a) Signature of funeral director J. S. Vinyard

(b) Address Festus Mo.

19. (a) _____ (b) Ante B. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from March 3
1946 to April 2 1946
that I last saw h. ex alive on April 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 13K

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Deitrich Bolger M.D.

Address Festus Mo. Date signed 4-9-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *H. Stuyard*
Licensed Embalmer No. *3010*
P. O. Address *Festus*

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.