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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14249

Registration District No. 316 Primary Registration District No. 6068 Registrar's No. 144

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Blackwell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Two Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: Blackwell
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural - Blackwell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elizabeth Villmer
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: William Villmer
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: Jan. (Month) 7th. (Day) 1867 (Year)

8. AGE: Years 79 Months 3 Days 21 If less than one day hr. min.

9. Birthplace: Old Mines (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: X
FATHER
12. Name: Felix O'Shia
13. Birthplace: Old Mines (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Mary Valle
15. Birthplace: Old Mines (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Tom Villmer
(b) Address: Blackwell - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 30 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Blackwell - (Masonic)
18. (a) Signature of funeral director: J. Lee Mothershead
(b) Address: DeSoto, Missouri
19. (a) 4-30-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 28th. year: 1946 hour: 10th minute: 30a M.
21. I hereby certify that I attended the deceased from 10 Dec 1945 to 28 april 1946 that I last saw her alive on 21 april 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: arterio sclerotic cardio-vascular disease	years
Due to: general arterio-sclerosis	years
Due to:	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: — Of operations:	PHYSICIAN — Underline the cause to which death should be charged statistically.
Of autopsy: —	

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: — 0
23. Signature: Earl V. McGinnis (M. D. or other) MD
Address: DeSoto, Mo. Date signed: 29 Apr 46.

289 (Licensed Embalmer's Statement on Reverse Side)

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

94 0 0

13144

RECEIVED

District Health Officer No. 4

District File Number 546-2104

Date Filed 5-8-46

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 J. R. Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto MN

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.