

S. No. 2
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5-17-39
X35627

17849

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 177

1. PLACE OF DEATH

(a) County St. Francis

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington ¹¹⁰

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

(d) Street No. Near Petos Mo. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Maggie M. Major

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1946 hour 11 minute 55 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benjamin Major 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 28 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-15-1946 to 5-19-1946 that I last saw her alive on 5-19-1946 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration 3 weeks

8. AGE: Years 61 Months 5 Days 21 If less than one day _____ hr. _____ min.

Due to _____ 26a

Due to _____

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

10. Usual occupation House work

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

11. Industry or business _____

MOTHER FATHER { 12. Name Tom DeClue

{ 13. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Hutteringer

{ 15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Benny Major

(b) Address Petos Mo R.R. 1.

17. (a) Burial (b) Date thereof 5-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Place: burial or cremation near Petos Mo.

18. (a) Signature of funeral director Mrs Luther Spahr

(b) Address Petos Mo.

(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) (c) Means of injury _____

19. (a) 5-27-46 (b) Esther Rudolph
(Date received local registrar) (Registrar's signature)

23. Signature H. M. Roebber (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 5/25/46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Sanitary Health Officer No. 4
Sanitary File Number 646-2258
Date Filed 6-10-46

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 Murphy L Sparks
Licensed Embalmer No. 4236
P. O. Address Slab River, 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