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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28156

FILED SEP 10 1946

Registration District No. 3056 Primary Registration District No. 3059 Registrar's No. 263

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County ST FRANCOIS 74
(c) City or town BONNE TERRE 2
(If outside city or town limits, write "RURAL")
(d) Street No. — 1
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MADELINE IDA MASON

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMETT MASON

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased MAY (Month) 7 (Day) 1946 (Year)

8. AGE: Years	Months	Days	If less than one day
46	3	0	..... hr. ..... min.

9. Birthplace DOE RUN (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation SCHOOL TEACHER

11. Industry or business SCHOOL

MOTHER FATHER
12. Name CHARLES F. ZEMMERMAN
13. Birthplace IRONTON (City, town, or county) MO 0 (State or foreign country)
14. Maiden name IDABELL JONES
15. Birthplace BONNE TERRE (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant EMMETT MASON
(b) Address BONNE TERRE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation PARKVIEW

18. (a) Signature of funeral director J.S. BOYER & SON
(b) Address LEADWOOD MO.

19. (a) 8-27-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1946 to Aug 7, 1946 that I last saw her alive on Aug 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of abdominal viscera	9 mo
Due to Pelvic carcinoma	1 yr.
Due to #	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 0

23. Signature Dr. Geo L. Watkins (M. D. or other)
Address Farmington Mo. Date signed 8/13/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-25

Date Filed 9-9-46

MAR 24 1969

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. Bert L Boyer

Licensed Embalmer No. 3449

P. O. Address Leadwood 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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28156

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 263

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Madeline D. Marsan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May (Month) 7 (Day) 1899 (Year)
8. AGE: Years 46 Months 3 Days If less than one day hr. min.
9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1946 day 7 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
This was a ceremonia of undetermined origin — Due to whether uterus, ovary or tube — pathologist Due to report also unable to determine origin when Other conditions (Include pregnancy within 3 months of death) 48 hr

Major findings: Of operations abdomen was opened the kidneys and the pelvis grew rapidly with the Of autopsy abdomen was dec. fetal — [illegible]

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

26995

MAR 24 1947