. S. No. 2
OM—8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34432

State File No.

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: North Springfield St 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 17 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

(d) Street No. North Springfield St 1 (If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Alice Lefevre Metier

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John J. Metier

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

7. Birth date of deceased Jan 2, 1857 (Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Grant County Wis 1 (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House Work

FATHER
12. Name Henry Gardner Stiles 1
13. Birthplace Orange County Vermont (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gillard 1
15. Birthplace St Louis County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Cunningham
(b) Address Bolivar, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Emma Blue
(b) Address Bolivar, MO

19. (a) Oct 2, 1946 (Date received local registrar) (b) Ralph Garden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6, year 1946 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 15, 1946, to Oct 6, 1946; that I last saw her alive on Oct. 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arteriosclerosis

Due to senility

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

Major findings: Of operations — 83A

Of autopsy —

Duration

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 C. H. Barnett (M. D. or other) MD

Address Bolivar, MO Date signed Oct 9 46

258

(Licensed Embalmer's Statement on Reverse Side)

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

33256

RECEIVED
District Health Officer No. 71
District File Number 9-K6-1063
Date Filed 10-14-76

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, M

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.