S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34590

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 342

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 9d

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

(d) Street No. Unknown
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GENEVA D. HESTER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race W.

6. (a) Single, widowed, married, divorced Separated /

6. (b) Name of husband or wife Walter Hester 3rd Husband. Age Unk.

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

7. Birth date of deceased March (Month) 1, (Day) 1897 (Year)

8. AGE: Years 49 Months 7 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Miles Mondy
13. Birthplace (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Iva Hunt
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Shain Mem. Cem., Fisk, Mo.

18. (a) Signature of funeral director Shelby Funeral Home
(b) Address Fisk, Missouri

19. (a) 10-29-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 89
year 1946 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1946, 19 , to Oct. 8, 1946, 19 ;
that I last saw her alive on Oct. 8, 1946, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Cerebral Arteriosclerosis with	
Due to: Psychosis	1 month
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: None	

83A

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 John A. Brennan M.D. (M. D. or other) M.D. 10/12/46
Address State Hosp #4 Farmington Mo Date signed

287 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1146-2832

Date Filed 11-7-46

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 C. H. Cozen

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.