

S. No. 2
FORM-2-44
Rev. 5-17-59
X35647

37637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 22 1946

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Elsberry
(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 Mo (b) County Lincoln ⁵⁷

(c) City or town Elsberry ¹
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? _____ (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME Robert Quertan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from MARCH ¹
1946, to 6 Sept ¹⁹⁴⁶
that I last saw him alive on 6 SEPT ¹⁹⁴⁶
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced 7

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unborn
(Month) (Day) (Year)

Immediate cause of death
TUBERCULOSIS SPINE + GROINS (POTT'S DISEASE) ^{1 1/2 years}

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy none ¹⁶

8. AGE: Years 66 Months - Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Willis Quertan

13. Birthplace Elsberry (City, town, or county) _____ (State or foreign country)

14. Maiden name unborn

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Charles Quertan
(b) Address Elsberry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 46
(Month) (Day) (Year)

(c) Place: burial or cremation James Cemetery

18. (a) Signature of funeral director W. W. Bradley
(b) Address Elsberry

19. (a) Nov 7 1946 (Date received local registrar) (b) W. T. A. Meyer (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. Quertan (M. D. or other) MD
Address ELS BERRY, MO Date signed 17 SEPT 46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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: W. W. Bradley

Licensed Embalmer No. 3566

P. O. Address Elberry

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.