

FILED JAN 2 1947

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 391

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:  
114 - 6th St  
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. 114 - 6th St  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME JETTA AILEEN RAWSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th year 1946 hour..... minute..... A.M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Leathel E. Rawson

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: May 24 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August, 1946, to Dec. 8, 1946, that I last saw her alive on Dec. 8, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal pneumonia Duration 3 days

8. AGE: Years 50 Months 6 Days 14 If less than one day hr. min.

Due to: Rheumatic Heart Disease with General Passive Congestion 35 yrs with 6 mos

Due to.....

9. Birthplace: Booneville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

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

Major findings: Of operations..... Of autopsy.....

11. Industry or business.....

12. Name of father: S. A. Holdman

13. Birthplace: Walle Mines Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Elmira G. Gung

15. Birthplace: Jefferson Co. Missouri  
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant: Leathel E. Rawson

(b) Address: Allestote Missouri

17. (a) Burial (b) Date thereof: 12-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Francis Mem. Pk. Benton Park, Co

23. Signature: H. C. Shepard (M. D. or other)

Address: 5141 River Pk. Date signed: 12-12-46

18. (a) Signature of funeral director: 313 Benton Booneville Mo

(b) Address: 313 Benton Booneville Mo

19. (a) 12-14-46 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

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

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

MOTHER FATHER

287

HEALTH OFFICER No. 4  
Lic. No. 1246-304  
Date Filed 12-30-46

**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. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Bonne Terre 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.**