

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1754

FILED FEB - 4 1947

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 168

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

1. PLACE OF DEATH:

(a) County MADISON

(b) City or town FREDERICKTOWN

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MADISON

(c) City or town FREDERICKTOWN

(d) Street No. 503 N. mine de Matie

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fliga Emily POLETE

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex 7 1 5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 5 1859

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>1</u>	<u>20</u>	<u> </u> hr. <u> </u> min.

9. Birthplace mine de Matie, MO.

(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

12. Name John Polet

13. Birthplace unknown

(City, town, or county) (State or foreign country)

14. Maiden name Mary Polet

15. Birthplace Washington Co MO.

(City, town, or county) (State or foreign country)

16. (a) Informant Cyff Polet

(b) Address

17. (a) Burial (b) Date thereof Jan 27-47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Fredricktown

(b) Address

19. (a) 1-25-1947 (b) Florence Dick

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1947 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 17 1947 to Jan 25 1947, that I last saw her alive on Jan 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 24 hours

Due to Arteriosclerosis 10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: 43 P.

Of operations

Of autopsy

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 E. M. DeLuz (M. D. or other) DO.

Address Fredricktown MO Date signed 1-25-47

RECEIVED

Health Officer No. 4
File Number 247-176
Filed 2-3-47

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 John A. Holt

Licensed Embalmer No. 4264

P. O. Address Federicktown, Md.

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.