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5-17-39
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State File No. 3496
Registrar's No. 56

FILED JAN 16 1947

Registration District No. 6076

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Welland & Falcon Avenues
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Milton Alexander Deatharage

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1947 hour 33 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Paralee

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 27 1866
(Month) (Day) (Year)

Immediate cause of death third degree burns of entire body. Duration _____

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

80 9 14 hr. min.

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

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

Major findings: _____

Of operations _____

~~XXXXX~~

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business self

12. Name Newton Deatharage

13. Birthplace Eminence Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Louise Comstock

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

16. (a) Informant Ferd Deatharage

(b) Address Pattonville, Mo.

17. (a) Burial (b) Date thereof 1-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eminence, Mo. Motor

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 1-13-47 (b) Willmann
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence January 10, 1947

(c) Where did injury occur? Maryland Heights, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In son's home. 3rd degree burns.
(Specify type of place) (b) Means of injury

While at work? _____

23. Signature Arnold J. Willmann Coroner. 3
Address Clay, Mo. Date signed 1/11/47

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

MOTHER FATHER

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.