

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57771

FILED MAR 7 1947

State File No. _____

Registration District No. 282

Primary Registration District No. 5971

Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County Talk (Marion Township)
(b) City or town Balmar (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
6 Miles S.W. of Balmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life _____
years, months or days) (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Talk
(c) City or town Balmar (Rural)
(If outside city or town limits, write "RURAL")
(d) Street 6 Miles S.W. of Balmar
(If rural, city location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Petty Gene Degraffeur
3. (b) If veteran _____ name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 19
year 1947 hour 5:45 minute _____ P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Degraffeur, Deceased
6. (c) Age of husband or wife if alive _____
7. Birth date of deceased: Jan. 10, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2 Jan 46 to 2 Feb 19, 1947
that I last saw her alive on Feb 19, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death: acute heart failure Duration 1 day

8. AGE: Years 86 Months 1 Days 9
If less than one day _____ hr. _____ min.

Due to chronic myocarditis 3 yrs

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

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

10. Usual occupation: House Keeper

11. Industry or business: Housework

12. Name: Green Betty 9

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown 9

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: George Degraffeur

(b) Address: Balmar Mo

17. (a) Burial (b) Date there: Feb. 21, 1947
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Bill's Cemetery

18. (a) Signature of funeral director: Edward Blue

(b) Address: Balmar Mo

19. (a) Mar. 1, 1947 (b) Ralph Gordon
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy 930

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: DeMickin (M. D. or _____)
Address: Balmar Mo Date signed: 2/21/47

RECEIVED
District Health Officer No. 7,
District File Number 2-47-204
Date Filed 3-5-47

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.....

Paul D. Butler, Registered Apprentice No. *446*,
working under my personal supervision.

Signed *Willard P. Perwin*

Licensed Embalmer No. *3092*

P. O. Address *Salvix, 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.