S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28788

FILED AUG 26 1947

Registration District No. 316

Primary Registration District No. 6072

Registrar's No. 284

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Doe Run
(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
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Doe Run 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Frances Jane Gideon

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex f /

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife T. E. Gideon

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

7. Birth date of deceased Jan 25, 1857 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	6	25	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name David Conrad
13. Birthplace Don't know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bollinger
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Benton Gideon /
(b) Address Farmington, Mo.

17. (a) b (Burial, cremation, or removal) (b) Date thereof 8-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run, Mo.

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.

19. (a) 8-22-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1947 hour 12 minute 20 p M.

21. I hereby certify that I attended the deceased from July 8, 1947, to Aug 20, 1947, that I last saw her alive on 8-20, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN — Underline the cause of 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 Jas. W. Hoffman (M. D. or other) 0

Address Bismarck Mo Date signed 8-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 847-109

Date Filed 8-25-4

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 H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.