

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics
FILED JUL 7 1948

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3059

State File No. 20577

Registrar's No. 209

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bonne Terre Hospital
(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 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 Bonne Terre Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ROSELLA MARGARET FOOTE

3. (b) If veteran, ✓ name war.....
3. (c) Social Security No. ✓

4. Sex F Color or race W
5. Color or race.....
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife WILLIAM H FOOTE
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept. 18 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>1</u>	

9. Birthplace Caro Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Adam Ide

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

14. Maiden name Elizabeth Lehner

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

16. (a) Informant R. T. Melson

(b) Address R-1 Bonne Terre Mo

17. (a) Removal (b) Date thereof 6-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Campbell
(b) Address Mo

19. (a) 6-30-48 (b) Edith Rudloff
(Date received local registra:) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 9 minute 58 A.M.
21. I hereby certify that I attended the deceased from June 11, 1948, to June 19, 1948,
that I last saw her alive on June 19, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
with decompensation
Due to.....
Due to.....

Other conditions Pneumonia
(Include pregnancy within 3 months of death)
Chronic nephritis

Major findings:
Of operations.....
Of autopsy 131B

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?.....
While at work?..... (Specify type of place)
Means of injury.....
23. Signature M. J. Haw (M. D. or other) MD
Address Bonne Terre Mo Date signed 6/19/48

Duration Several years
Several weeks
10 days
PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 748-862

Date Filed 2-6-48

MAR 19 7 10P

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 _____

Lin Counts

Registered Apprentice No. 95

working under my personal supervision.

Signed

Clarence 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.