FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 29 1948

Registration District No. 116

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 20582

Primary Registration District No. 3061

Registrar's No. 194

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Flat River Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 405 E. Main Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Francois
(c) City or town: Flat River (If outside city or town limits, write "RURAL")
(d) Street No.: 405 East Main (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country .....

14-520

3. (a) PRINT FULL NAME: James G. Courtois
3. (b) If veteran, name war .....
3. (c) Social Security No. 493-03-9129
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Ada Ann Courtois
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: November (Month) 1st (Day) 1881 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 7 | 13 | ..... hr. ..... min. |

9. Birthplace: Ste. Genevieve (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Foreman
11. Industry or business: St. Joseph Lead Co.
FATHER 12. Name: Henry Courtois
13. Birthplace: Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Simino
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lester Williams
(b) Address: 405 E. Main St. Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Park View
18. (a) Signature of funeral director: Carz. Boyer & Son
(b) Address: Desloge, Mo.
19. (a) 6-21-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 14 day ..... year 1948 hour 8 minute 20 a.m.
21. I hereby certify that I attended the deceased from March 1, 1948 to June 14, 1948 that I last saw him alive on June 14, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cirrhosis of liver | unknown |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: NONE
Of autopsy: NONE

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) Mo.
(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: 0

23. Signature: J. L. Foster (M. D. or other) MD
Address: Desloge, Mo. Date signed: 6-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 31 1948

RECEIVED

District Health Officer No. 4

District File Number 648-819

Date Filed 6-28-48

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 S. T. Sayer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.