

No. 2  
-5-43  
5-17-39  
I X36671

State File No.

FILED SEP 28 1948

Registration District No. 525

Primary Registration District No. 6240

Registrar's No. 10 #4

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

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution:  
Near Quaker mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ima Jean Declue

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb. 14 1948  
(Month) (Day) (Year)

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

6 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington Co. mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Ferris Declue

13. Birthplace Franklin Co. mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Loraine Hill

15. Birthplace Iron Co. mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Ferris Declue

(b) Address Quaker mo.

17. (a) Burial (b) Date thereof 9-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Quaker mo.

18. (a) Signature of funeral director Mrs. Luther Spahr

(b) Address Potosi mo.

19. (a) 9-23-48 (b) ella white  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. Near Quaker mo.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1948 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 11 1948 to Sept 13 1948;

that I last saw her alive on Sept 11 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Due to Following

Due to Intestinal Infection

Other conditions: Diarrhoea  
(Include pregnancy within 3 months of death)

Major findings: cramps

Of operations \_\_\_\_\_

Of autopsy 1140

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. Russell (M. D. or other) MD

Address Potosi Date signed 9/17/48

RECEIVED

District Health Officer No. 4  
District File Number 948-1215  
Date Filed 9-27-48

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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 Murphy L Sparks  
Licensed Embalmer No. 4236  
P. O. Address Flat River 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.**