S. No. 2
OM—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39175

State File No. .....

Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 66

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 118

(c) City or town Cadet (Rural) 3
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Thomas Politte

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Dec (Month) 16 (Day) 1878 (Year)

8. AGE: Years 70 Months 11 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace St. Francis Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Micheal Politte
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Masson
15. Birthplace Wash. Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joseph Politte
(b) Address Cadet, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Blackwell, Mo.

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Mo.

19. (a) 12/3/48 (Date received local registrar) (b) Herbert Kendall (Registrar's signature) 403

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1948 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov. 1, 1945, to Dec. 2, 1948
that I last saw him alive on Nov. 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy.

Due to Arteriosclerosis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Joseph L. Thurman (M. D. or other)
Address Potosi, Mo. Date signed 12-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1248-154

Date Filed 12-7-48

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 Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi, 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.