

National Office of Vital Statistics
FILED MAR 8 1949

Registration District No. **179**

Primary Registration District No. **#59 4249**

1. PLACE OF DEATH:
(a) County **JEFFERSON**
(b) City or town **HILLSBORO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **CEDAR GROVE NURSING HOME**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Mo.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **ST. FRANCIS**
(c) City or town **BONNE TERRE** 94
(If outside city or town limits, write "RURAL")
(d) Street No. **MURRILL** 7
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **FRANK P. MAURICE**
3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex **MALE** 5. Color or race **WHITE**
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 **APRIL 6 1958**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 8 hr. min

9. Birthplace **BLOOMSDALE, MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **CARPENTER**

11. Industry or business.....

12. Name **UNKNOWN**

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

14. Maiden name **ZORA BOYER**

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

16. (a) Informant **Frank Stumberger**

(b) Address **FESTUS MO**

17. (a) **BURIAL** (b) Date thereof **FEB. 27 1949**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BONNE TERRE, MO**

18. (a) Signature of funeral director **BENHAM UND CO**

(b) Address **BONNE TERRE, MO**

19. (a) **2-24-49** (b) **Richard Marsden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **24**
year **1949** hour **9** minute **45 A.M.**
21. I hereby certify that I attended the deceased from **August 18, 1948** to **Feb 24, 1949**
that I last saw him alive on **Feb 23, 1949**
and that death occurred on the date and hour stated above.

Immediate cause of death **General infirmities of old age**
Duration **1 year +**

Due to.....
Due to.....

Other conditions **Benign prostatic hypertrophy with urinary retention**
(Include pregnancy within 3 months of death)

Major findings: **4/21/49**
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 **Thomas A. Donnell** (M. D. or other) **MD**

Address **Desoto, Mo.** Date signed **2-24-49**

MOTHER FATHER

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

RECEIVED
District Health Officer No. 9,
District File Number 3-7-49
Date Filed

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 Clarence J. Claywell
Licensed Embalmer No. 3906
P. O. Address Bonnie Drive 7th

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.