

STANDARD CERTIFICATE OF DEATH

100
FEB 11 1952

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Rebecca</u> b. (Middle) <u>Bridage</u> c. (Last) <u>McGuire</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>25</u> (Year) <u>1952</u>		
5. SEX <u>3</u> <u>female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>6-8-1906</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR <u>5</u> MONTHS <u>18</u> DAYS IF UNDER 4 HRS. <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Old Mines, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Philip Lemarque</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Line</u>		14. NAME OF HUSBAND OR WIFE <u>Emmett McGuire</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Walton Potosi, Mo</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia -</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza.</u> DUE TO (c) <u>Pulmonary Tuberculosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia RT, etc.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u> <u>year.</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480X A</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec. 2, 1951, to Jan. 25, 1952 that I last saw the deceased alive on Jan. 20, 1952, and that death occurred at 1030A m. from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Thurman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1-28-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joachims Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1/28/52</u>		REGISTRAR'S SIGNATURE <u>Arthur K...</u> <u>402-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Higginbotham, FH</u> ADDRESS <u>Potosi, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 26 1951

WASH. COUNTY HEALTH DEPT.

File No. 252-284

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

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.