

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23713**

FILED JUN 17 1953 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **4537** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <b>Irondale</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Irondale</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mrs. Anna</b>	b. (Middle) <b>Margaret</b>	c. (Last) <b>Province</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-29-1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 1-1875</b>	9. AGE (In years last birthday) <b>78-2-29</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hope Well Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mr. J. Allen Forshee</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Baguette</b>	14. NAME OF HUSBAND OR WIFE <b>Mr. Chas. O. Province</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Chas. O. Province - Irondale, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Althema</b> DUE TO (c) <b>Rainy</b>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 22, 1953**, to **May 29, 1953**, that I last saw the deceased alive on **May 27, 1953**, and that death occurred at **12 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward M. Poff M.D.</b>	23b. ADDRESS <b>Irondale, Mo.</b>	23c. DATE SIGNED <b>6-1-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 1-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hope Well Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hope Well Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 4, 1953</b>	REGISTRAR'S SIGNATURE <b>Jessie Eichenberger</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alvin W. Wood</b>	ADDRESS <b>303 Center St. Irondale, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 9 1

WASH. COUNTY HEALTH DEPT.

650-64

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 Alois W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat 1

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.