

October 18 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

40688

Registration District No.

75

Primary Registration District No.

6090-A

Registrar's No.

84

1. PLACE OF DEATH:

- (a) County ST. FRANCOIS 1
(b) City or town DONNE TERRE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DONNE TERRE Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs. (Specify whether

In this community
years, months or days

(Specify whether

3. (a) PRINT
FULL NAMEBONNIE LORENE PETTUS3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex FEMALE5. Color or
race WHITE6. (a) Single, widowed, married,
divorced MARRIED6. (b) Name of husband or wife
OLIN T. PETTUS6. (c) Age of husband or wife if
alive 22 years

7. Birth date of deceased

JAN.
(Month)19
(Day)1932
(Year)

8. AGE:

Years

Months

Days

If less than one day

17108

hr.

min.

9. Birthplace

LEAD WOOD MO

(City, town, or county)

(State or foreign country)

10. Usual occupation

CARE OF HOME

11. Industry or business

MOTHER FATHER

12. Name OTIS FERRELL13. Birthplace SALBO, MO

(City, town, or county)

(State or foreign country)

14. Maiden name MINNIE HEARNS15. Birthplace SALBO, MO

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Olin J. Pettus

(b) Address

DESLOGE, MISSOURI17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

Nov. 29 1939

(Month) (Day) (Year)

(c) Place: burial or cremation

DONNE TERRE

18. (a) Signature of funeral director

C. J. Sawyer

(b) Address

DESLOGEMO.19. (a) Nov. 29 1939

(Date received local registrar)

N. W. Hawkins

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1939 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from

11-27, 1939, to 11-27, 1939.that I last saw her alive on 11-27, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death

Embolic Pulmonary
artery

Duration

10 hrs

Due to

childbirth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)
Means of injury _____23. Signature N. P. Gaebel (M. D. or other)Address Desloge MoDate signed 11-29-39

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.....

E. J. Bagler

Licensed Embalmer No.....

1671

P. O. Address.....

Desloge 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, above space should be left blank.