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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAR 24 1941

Registration District No. _____

Primary Registration District No. 4038

Registrar's No. _____

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0

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

1. PLACE OF DEATH:

(a) County Washington Co

(b) City or town Potosi mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Wash. Co

(c) City or town Potosi
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Genevieve Singery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1941 hour 10 minute 35 M.

21. I hereby certify that I attended the deceased from Jan 15 to Jan 19, 1941 that I last saw her alive on Jan 15 and that death occurred on the date and hour stated above.

4. Sex F 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 May 30 1901
(Month) (Day) (Year)

Immediate cause of death Uterine Cancer

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

99 7 19 hr. _____ min.

9. Birthplace Potosi mo
(City, town, or county) (State or foreign country)

10. Usual occupation shoe worker

11. Industry or business _____

MOTHER FATHER { 12. Name Lee Miller

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

14. Maiden name Edna Benson

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

16. (a) Informant Bardney Woods

(b) Address Justice mo

17. (a) Burial (b) Date thereof Jan 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Sparks

(b) Address Potosi mo

19. (a) Jan 20 41 (b) G.F. Fressume
(Data received local registrar) (Registrar's signature)

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? _____

8:00 While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature Samuel R Barwood (M. D. or other) 0

Address Potosi mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.