

FILED APR 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12369

State File No. _____

Registration District No. 987 Primary Registration District No. 4538 Registrar's No. _____

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

8. (a) PRINT FULL NAME Anna B. Grace
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 January 4 1871
 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business House work

MOTHER FATHER
 12. Name Heleny Hale
 13. Birthplace Canton Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary M. Mettack
 15. Birthplace Potosi Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Edna L. Lippert
 (b) Address Monroe Point Mo

17. (a) Burial (b) Date thereof Feb 4 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hazewell

18. (a) Signature of funeral director Sparks
 (b) Address Potosi Mo

19. (a) Mar 16-41 (b) G.F. Cresswell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Was
 (c) City or town Monroe Point
 (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.? 10 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 2
 year 1941 hour 3 minute PM
 21. I hereby certify that I attended the deceased from April 2nd
 _____, 1940 to March 2nd, 1941
 that I last saw h _____ alive on _____, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Ulcer Cancer
 Duration _____
 Due to _____
 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 Samuel R. Barwood (M. D. or other) _____
 *Address Potosi Mo Date signed 3/27/41

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

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 *Ernest A. ...*
Licensed Embalmer No. 2639
P. O. Address *Elmer ...*

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.

Registration District No. 887

Primary Registration District No. 4538

Registrar's No. _____

1. PLACE OF DEATH

(a) County Washington

(b) City or town Potosi
(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 _____ (b) County _____

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

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

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna B. Grace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

20. DATE OF DEATH Month mar day 2
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 70 Months 1 Days 28 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 4 (b) J. C. Resource
(Date 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? _____

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

23. Signature Samuel R. Howard (Date) _____ (Other) _____
Address Potosi Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

