FILLED APR 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12371

Registration District No. 887 Primary Registration District No. 4538 Registrar's No.

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

0 1 0

1. PLACE OF DEATH:
(a) County Wash
(b) City or town Potosi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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: 110
(a) State Mo (b) County Wash 1
(c) City or town 0
(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.? 0 years.

3. (a) PRINT FULL NAME Mary Ann Degonia
3. (b) If veteran, name war 1
3. (c) Social Security No. —
4. Sex T 1
5. Color or race T
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 6 (Month) 1857 (Day) (Year)

8. AGE: Years 84 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Old Mines (City, town, or county) 0 (State or foreign country)
10. Usual occupation Hsf
11. Industry or business
MOTHER FATHER
12. Name — Lamar
13. Birthplace — (City, town, or county) 9 (State or foreign country)
14. Maiden name Mary
15. Birthplace — (City, town, or county) 9 (State or foreign country)
16. (a) Informant Fred Orr
(b) Address Leatly Rt 1
17. (a) April (Burial, cremation, or removal) (b) Date thereof 3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi 1
18. (a) Signature of funeral director Sparks 804
(b) Address Potosi
19. (a) April 4-41 (Date received local registrar) (b) G. F. Creswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day April
year 1941 hour 7 minute 5 M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Urethra	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 52	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. F. Creswell (M. D. or other) 0
Address Potosi Mo Date signed 4/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
0—4-25-41
I X27852

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(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 years, months or days) In this community

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 Mary Ann Degonia
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 Wd
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Jan 1-41 (Date received local registrar) (b) G F Cresswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — 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:
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(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G F Cresswell (M. D. or other)
Address Potosi Mo Date signed

SUPPLEMENTARY