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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22577

FILED JUL 11 1941  
779

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 60240

Registrar's No. 29

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town DeSloge, Mo. Kan. 1  
(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

3. (a) PRINT FULL NAME Mollie J. Raymo

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Herman Raymo 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Jan. 11 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Care of home

11. Industry or business \_\_\_\_\_

12. Name John Morrow

13. Birthplace St. Genevieve, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Sherman

15. Birthplace St. Genevieve, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Raymo  
(b) Address DeSloge, Mo.

17. (a) Burial (b) Date thereof June 29, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel

18. (a) Signature of funeral director C. J. Boyer  
(b) Address DeSloge, Mo.

19. (a) 6-28-41 (b) W. V. Blackworth  
(Date received local registrar) (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 June day 26  
year 1941 hour 11:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec 15 1940 to June 26 1941;  
that I last saw her alive on June 10 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery, atherosclerosis Duration unt

Due to arteriosclerosis general

Due to \_\_\_\_\_

Other conditions bronchial asthma  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations 97  
Of autopsy \_\_\_\_\_  
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?  
700 (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature H. Clarke (M. D. or other) \_\_\_\_\_  
Address DeSloge, Mo. Date signed 6-27-41

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

MAR 27 1947

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**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.....

*C. Z. Boyer*

Licensed Embalmer No.....

*1671*

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.**