

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26074
Registrar's No. 45

ED AUG 11 1941

Registration District No. 775

Primary Registration District No. 6020-a

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Mound (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME GRACE STANLEY
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Female 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wayne Stanley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2 1923
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1941 hour one minute 30 P. M.
21. I hereby certify that I attended the deceased from June 23
1941 to June 25 1941;
that I last saw her alive on June 25 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 18 Months 3 Days 23 If less than one day _____ hr. _____ min.

Immediate cause of death Influenzal pneumonia Duration 2 days
Due to 33a
Due to _____
Other conditions Pregnancy 4 mos
(Include pregnancy within 3 months of death)

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

11. Industry or business _____
12. Name James Robert Rodgers
13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Barry
15. Birthplace Barry Co Missouri
(City, town, or county) (State or foreign country)

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? _____

MOTHER FATHER
16. (a) Informant's own signature James R Rodgers
(b) Address Bonne Terre Mo
17. (a) Burial (Serial, cremation, or removal) (b) Date thereof June 28 1941
(Month) (Day) (Year)
(c) Place: burial or cremation B. S. Cemetery
18. (a) Signature of funeral director Benjamin Ford Co
(b) Address 313 Columbia Bonne Terre Mo
19. (a) July 10 1941 (Date received by local registrar) N. W. Howlin (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
28. Signature Marvin S. Howlin (M.D. or other) M.D.
Address Bonne Terre Mo Date signed 6/28/41

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. J. Claywell

Licensed Embalmer No. *3796*

P. O. Address.....

Donne Leve, Ma

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.