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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

Registration District No. 887

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4538

State File No. 19279

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi Mo
(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:

(a) State Missouri (b) County Washington

(c) City or town Potosi 110
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Dechel

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan (Month) 26 (Day) 1856 (Year)

8. AGE: Years 86 Months 3 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business House work

FATHER
12. Name Josge Murcer
13. Birthplace Penn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Susan Hull
15. Birthplace Washington (City, town, or county) Co 0 (State or foreign country)

16. (a) Informant Harry Dechel
(b) Address Potosi Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fair Chef Ranault

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

19. (a) 6-2-1942 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1942 hour 4 minute a 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 Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
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 0

23. Signature G. F. Crestwell (M. D. or other) 6/2/42
Address Potosi, Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 642 — 812

Date Filed 6-17-42

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.