. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

94
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31222

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 29

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Esxhex
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francois Twp
(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 Mo (b) County St Francois 94
(c) City or town Esxher 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ida Josephine Withrow Black
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 9
6. (b) Name of husband or wife Chas E
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 31st (Day) 1873 (Year)

8. AGE: Years 69 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Steelville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business at home
FATHER
12. Name James Woolsey
13. Birthplace Crawford Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Pyatt
15. Birthplace Dent Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Loma Smith
(b) Address Esther Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation K.O.P. Cemetery St Francois Mo
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) Sept 12, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day Sept year 1942 hour 10 A M.
21. I hereby certify that I attended the deceased from Sept 6, 1942 to Sept 6, 1942 that I last saw her alive on Sept 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus (Epithelioma)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

48 b

Duration

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 C Farrar (M. D. or other)
Address Flat River Mo Date signed 9/8/42

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. .....
District File Number 1042
Date Filed 10-10-42

NOV 17 1942

NOV 13 1942

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.