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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11310

State File No.

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 80

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: 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 St Francois 94 2
(c) City or town Bonne Terre 1
(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 Lucy Dercina Whelehon
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W 1
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Garrett Whelehon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feby (Month) 22 (Day) 1859 (Year)

8. AGE: Years 84 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Jefferson County (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name William Manwarring
13. Birthplace De Soto (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Mary Finney
15. Birthplace De Soto (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs Albert Williams
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Catholic Cem.
18. (a) Signature of funeral director Benham Und Co.
(b) Address Bonne Terre, Mo.
19. (a) Mar. 3, 1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1943 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 2-15-, 1943, to 2-28-, 1943; that I last saw her alive on 2-28-, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage + coma	10 das.
Due to: Hypertension	years
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:
(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 H. M. Roebber, (M. D. ~~or other~~) M.D.
Address Bonne Terre, Mo. Date signed 3-2-43

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 443-1984
Date Filed 4-5-43

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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre Mo

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.