

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34573

State File No. _____

FILED NOV 8 1943

Registration District No. 19430 Primary Registration District No. 5391

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Texas
(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 X (Specify whether _____)

In this community most of her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

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

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

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

3. (a) PRINT FULL NAME Elizabeth Desmedt

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1943 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-3 1943, to 10-14 1943, that I last saw her alive on 10-14 1943 and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race w / 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Adolph Desmedt 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Jan 9 1862
(Month) (Day) (Year)

Immediate cause of death: Myocardial degeneration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 81 Months _____ Days _____ If less than one day hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Barnard

{ 13. Birthplace England
(City, town, or county) (State or foreign country)

{ 14. Maiden name Emily Reeves

{ 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Desmedt

(b) Address Rhyse 10

17. (a) burial (b) Date thereof Oct 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Grive Cem

18. (a) Signature of funeral director Arthur Desmedt

(b) Address Salem

19. (a) 10-21-43 (b) Joseph McLeod by Mark
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations: _____

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? _____

23. Signature Charles Sachs (Specify type of place) (City or town) (County) (State)

Address Salem, Mo (e) Means of injury _____ Date signed 10-21-43

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

1177

RECEIVED
District Health Officer No. 5,
District File Number 1143646
Date Filed 4-6-43

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 Carl K. Spurr
Licensed Embalmer No. 9370
P. O. Address Solom M.

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.