

No. 2
5-17-43
1 X3967

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35632**

NOV 6 1943

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **119**

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Boone 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 years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Lavine West Brook

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Wm L (c) Age of husband or wife if _____

7. Birth date of deceased Feb 25 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Huston Rainwater

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

14. Maiden name Mary French

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

16. (a) Informant Jesse White

(b) Address Boone Terre Mo

17. (a) (Burial, cremation, or removal) St. Francis Memorial Cemetery (b) Date thereof 12-10-1943
(Month) (Day) (Year)

(c) Place of burial or cremation Boone Terre Mo

18. (a) Signature of funeral director Edwell Burt

(b) Address 7 Lat River

19. (a) Oct 15-1943 (b) Byrdie Bukhner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Boone Terre
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th year 1943 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from 7th 1943 to Oct 6th 1943 that I last saw her alive on Oct 6th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to unknown

Due to _____
Other conditions 9 2d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature A. J. Evans (M. D. or other) _____
Address Booneterro Mo Date signed 10-15-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1196

RECEIVED

District Health Officer No. 40
District File Number 1143-2858
Date Filed 11-5-43

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.....

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.