

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27677

State File No. _____

FILED AUG 20 1945

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 208

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Crystal City
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson ⁵⁰

(c) City or town Crystal City ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 201 Virginia ave!
(If rural, give location)

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

3. (a) PRINT FULL NAME Elliott Francis Carron

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 13
1945 to July 2 1945
that I last saw him alive on July 2 1945
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April - 24 - 1877
(Month) (Day) (Year)

Immediate cause of death Chronic myocardiitis

Due to	Duration

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>2</u>	<u>8</u>	hr. _____ min.

9. Birthplace Bloomdale Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Glassworker

11. Industry or business Pittsburgh Plate Glass Co.

12. Name Francis Carron

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

14. Maiden name Elliott Puma

15. Birthplace Bloomdale Mo. 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elliott Carron

(b) Address Crystal City Mo.

17. (a) Burial (b) Date thereof July 5 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Catholic Cem.

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) July 5 1945 (b) Virginia Williams, Dep.
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: 920

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 plant, or public place?
(Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature Festus Bogard (City or other) Festus, Mo.
Address _____ Date signed 7-3-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-17-45

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 H. J. Torgard

Licensed Embalmer No. 3010

P. O. Address Festus Neo

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.