S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42305

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 279

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois 74
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs. 2 mos. 5 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1921 Olive St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY R. AMES

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed (?)

6. (b) Name of husband or wife Name unknown

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

7. Birth date of deceased (Month) About (Day) 1861 (Year)

8. AGE: Years About 84 | Months | Days | If less than one day hr. min.

9. Birthplace Salina (?) (City, town, or county) Ohio (?) (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hospt. Cem., Farmington, Mo.

18. (a) Signature of funeral director Cozean Funeral Home
(b) Address Farmington, Mo.

19. (a) 12-31-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1945 hour 11 minute 13 A. M.

21. I hereby certify that I attended the deceased from April 1, 1925, 19__, to Dec. 18, 1945, 19__; that I last saw her alive on Dec. 18, 1945, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration 2 days

Due to

Due to

Other conditions Bronchitis 40 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy. 930

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 Everett P. Hoctr (M. D. or other)
Address Farmington Mo. Date signed 12/19/40

1397

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

Lot File Number 146-1548

Filed 1-9-46

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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.