. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27536

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 110 E. Third /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town DeSoto 2
(If outside city or town limits, write "RURAL")

(d) Street No. 110 E. Third 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GERALDINE MARIE DECLUE

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 24 - 1946 (Month) (Day) (Year)

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

9. Birthplace DeSoto (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business Infant

MOTHER FATHER

12. Name Aloysius J. DeClue

13. Birthplace Old Mines (City, town, or county) Mo. 0 (State or foreign country)

MOTHER

14. Maiden name Genevieve Valle

15. Birthplace Blackwell (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant C. J. DeClue

(b) Address 110 E. 3rd St. DeSoto - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1946 (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Calvary)

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 8/29/46 (Date received local registrar) (b) Marie Harrier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1946 hour 4 minute 10 a. M.

21. I hereby certify that I attended the deceased from 24 aug, 1946, to 27 aug, 1946; that I last saw h. alive on 26 aug, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: congenital atelectasis	Since Birth
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no

(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 Paul V. McNutt (M. D. or other) M. D.

Address DeSoto, Mo. Date signed 27 aug

1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-9
Date Filed 9-8-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. E. Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.