

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1586

Registration District No. 160 Primary Registration District No. 42505592 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Jefferson (b) City or town Rural (c) Name of hospital or institution: (d) Length of stay: 3 mo's (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson (c) City or town Rural (d) Street No. R. 2 D. Festus (e) Citizen of foreign country? no (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Frances Duffy (b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11 year 1947 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from Dec 15, 1946, to Jan 11, 1947, that I last saw her alive on Jan 9, 1947, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married (b) Name of husband or wife Francis Duffy (c) Age of husband or wife if alive 83 years 7. Birth date of deceased: mdy 18 1871 (Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

8. AGE: Years 75 Months 7 Days 23 If less than one day hr. min.

Due to: age - cold
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy: 930

9. Birthplace: Maddonsville (City, town, or county) (State or foreign country) mo (I)
10. Usual occupation: Housewife

11. Industry or business:
12. Name: Adam Forness (City, town, or county) 4
13. Birthplace: Unknown Germany (State or foreign country)
14. Maiden name: Unknown Unknown
15. Birthplace: Unknown Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. Clarence Myers (b) Address: Festus mo
17. (a) Burial (b) Date thereof: 1-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Maddonsville, Ill
18. (a) Signature of funeral director: Link Funeral Parlor (b) Address: Festus mo
19. (a) 1-11-47 (Date received local registrar) (b) Clara Brown (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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? 21
While at work? (Specify type of place) (e) Means of injury
23. Signature: J. T. M... (M. D. or other) DC
Address: Festus mo Date signed: 1/21/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 15 1947

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 Elus Province
Licensed Embalmer No. 3403
P. O. Address Jesus 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Jkt*
Registrar's No. *1*

Registration District No. *160* Primary Registration District No. *5592*

1. PLACE OF DEATH
(a) County *Jefferson*
(b) City or town *St. Louis*
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME *Frances Duffey*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *w* 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased *May 18 1880*
(Month) (Day) (Year)

8. AGE: Years *75* Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) *mo*

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) *June 11 1947* (b) *Alfred Brown*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year *1947* (hour) _____ (minute) _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

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

Major findings: _____
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 place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Date signed _____

SUPPLEMENTARY

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

S-1586