

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 1 1947
STANDARD CERTIFICATE OF DEATH

8524

State File No. _____

Registration District No. 118 Primary Registration District No. 4186 Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Franklin 36
(c) City or town St. Clair
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) D
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Tourville
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6
year 1947 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 5th
1947, 19____, to March 6th, 1947
that I last saw h_____ alive on March 6th, 1947
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 XX
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if
alive XX years
7. Birth date of deceased March 5 1947
(Month) (Day) (Year)

Immediate cause of death Premature
Due to 6-7 mos -
Due to _____

8. AGE: Years Months Days If less than one day
21 hr. 30 min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: 159
Of operations _____
Of autopsy _____

9. Birthplace Sullivan Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation XX
11. Industry or business XX

MOTHER FATHER
12. Name Ferd Henry James Tourville
13. Birthplace Sullivan, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Madglie Laxton
15. Birthplace Cordon, Mo.
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Ferd H. J. Tourville
(b) Address St. Clair, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6/47
(Month) (Day) (Year)
(c) Place: burial or cremation Sullivan (Buffalo)
18. (a) Signature of funeral director W. J. Stoffer
(b) Address Sullivan, Mo.
19. (a) 3-6-47 (Date received local registrar) (b) W. J. Stoffer (Registrar's signature)

23. Signature John M. Deato (M. D. or other) M.D.
Address Sullivan, Mo. Date signed 3/7/47

97

Date Filed 3/31/47
District File Number

District Health Officer No. 9,
RECEIVED

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
not embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed Robert M Murray
Licensed Embalmer No. 3749
P. O. Address Sullivan, 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.