

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
Bureau of Census
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 13904

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 28

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: J

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 6 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen O'Brien

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 Widowed

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____ years

7. Birth date of deceased May 10, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace St. Genevieve Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business own home

MOTHER FATHER

12. Name Mose LaRose

13. Birthplace St. Genevieve Co.
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Maurice

15. Birthplace St. Genevieve Co.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Terry

(b) Address Crystal City, Mo.

17. (a) Burial **(b) Date thereof** April 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lancaster, N. Y.

18. (a) Signature of funeral director Arthur Galitte

(b) Address Crystal City, Mo.

19. (a) April 16, 1947 **(b)** Charl Bellville
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Essex

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

(d) Street No. 14 Pleasant Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 13 to April 15, 1947
that I last saw him alive on April 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Duration _____

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 J. J. Connerford (M. D. or other) MD

Address Crystal City, Mo. **Date signed** April 16, 1947

OCT 31 1947

NOV 1 1947

APR 26 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.....

Geanty R. Polittle

Licensed Embalmer No. *3481*

P. O. Address.....

Crystal City, 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.