

FILED AUG 26 1947 6  
Registration District No. 3059

Primary Registration District No. 3059

Registrar's No. 270

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bonne Terre Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Leadwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Jane Poston

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Jeremiah Poston 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased May 18 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 20 hr. \_\_\_\_\_ min.

9. Birthplace Longtown Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

MOTHER FATHER

12. Name Mark Schultz  
13. Birthplace Longtown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Burns  
15. Birthplace Longtown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Bartlow  
(b) Address Leadwood, Missouri

17. (a) burial (b) Date thereof Aug 10 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Bert L. Boyer  
(b) Address Leadwood, Mo.

19. (a) 8-14-47 (b) Ether Redlaff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1947 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 4 to Aug 8 that I last saw her alive on Aug 7 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Paul J. Lays (M. D. or other) M.D.  
Address Bonne Terre Date signed 8-14-47

Duration 3  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 847-1099

Date Filed 8-25-47

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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 Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood 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.