S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 22 1947
Registration District No. 16

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3029

State File No. 31640
Registrar's No. 66

50

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: 3
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 50
(c) City or town 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Unknown Floater
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 ✓ 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) (Day) (Year)

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

9. Birthplace ..... (City, town, or county) (State or foreign country) 9
10. Usual occupation Unknown
11. Industry or business
FATHER
12. Name
13. Birthplace ..... (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name
15. Birthplace ..... (City, town, or county) (State or foreign country) 9
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Crystal City, Mo.
18. (a) Signature of funeral director Walter R. Pollitt
(b) Address Crystal City, Mo.
19. (a) Aug 27 1947 (Date received local registrar) (b) Clara Bellwille (Registrar's signature) 1433

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Found body: Aug. 26, 1947 day ..... year ..... hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Unknown Body was found floating in Mississippi River
Due to Been in the water several days.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 183
Of autopsy —

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

22. If death was due to external causes, fill in the following: 50
(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? In Mississippi River (Specify type of place)
While at work? — (e) Means of injury — 3
23. Signature T. B. Edwards (M. D. or other) Coroner
Address Cedar Hill Mo Date signed 8/27/47

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 18 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 Guilty D. Pelitte

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.