—1/47
5-17-39

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

National Office of Vital Statistics

FILED FEB 18 1948

Registration District No. 366

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6244

State File No. 7041

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Washington
(b) City or town CADET
(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 6 months
years, months or days)

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

3. (a) PRINT FULL NAME Theresa Dionne Politte

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 Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 6 (Month) 14 (Day) 1947 (Year)

8. AGE: Years | Months 7 | Days 21 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph Politte
13. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lillian Rulo
15. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joseph Politte
(b) Address Cadet, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cadet, Missouri

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Missouri

19. (a) 2/10/48 (Date received local registrar) (b) Helen Kendall (Registrar's signature) 40 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 2-4, 1948, to 2-5, 1948
that I last saw her alive on 2-4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 33A

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Joseph L. Thurman (M. D. or other)
Address Potosi, Mo. Date signed 2-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
Foreign File Number 248-238
Date Filed 2-17-48

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 ✓ Howard Higginbotham Registered Apprentice No. 53 working under my personal supervision.

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.