. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39719

Registration District No. 88 — Primary Registration District No. 4151 — Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Steelville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Steelville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. [illegible]
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peter E Primeau
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ira Primeau
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May 21 - 1875 (Month) (Day) (Year)

8. AGE: Years 73, Months 6, Days 25 — If less than one day ..... hr. ..... min.

9. Birthplace St Paul Minnesota (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Peter E Primeau
13. Birthplace Don't know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't know
15. Birthplace ..... (City, town, or county) (State or foreign country)
16. (a) Informant Ira Primeau
(b) Address Steelville Mo
17. (a) ..... (b) Date thereof Dec 18 48
(~~Burial, cremation, or~~ removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Penetary
18. (a) Signature of funeral director [illegible] & Son
(b) Address Steelville Mo
19. (a) 12/31/48 (Date received local registrar) (b) [illegible] (Registrar's signature) 76

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1948 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1, 1948, to Dec 16, 1948;
that I last saw him alive on Dec 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of lower bowels	1937
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 E.	
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:
(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 R. L. Parker (M. D. or other)
Address Steelville Mo Date signed 12-17-48

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

RECEIVED 1-3-49
District Health Officer No 5.
District File Number 149.9
Date Filed 1-10-49

JAN 13 1949

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 Harry M Jones Embalmed, Registered Apprentice No....., working under my personal supervision.

Signed Harry M Jones

Licensed Embalmer No. 2628

P. O. Address Steelville 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.