S. No. 2
9-4-41
5-17-39
I X2944

94
0
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32436

State File No.

FILED OCT 8 1943

Registration District No. 316

Primary Registration District No. 6070

Registrar's No. 18

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Libertyville (If outside city or town limits, write "RURAL" and name of township) St Francois Twp
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Missouri (b) County St. Francois
(c) City or town Libertyville (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John B. Tessereau
3. (b) If veteran, name war World War I
3. (c) Social Security No 498-10-9674

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel E. Tessereau
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased April (Month) 16, (Day) 1896 (Year)

8. AGE: Years 47 | Months 5 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Mine La Motte (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Cement Finisher
11. Industry or business

FATHER
12. Name Henry Tessereau
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Duncan
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mabel E. Tessereau
(b) Address Libertyville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, 1943 (Month) (Day), (Year)
(c) Place: burial or cremation Christian Cem. Libertyville
18. (a) Signature of funeral director Milby Funeral Home
(b) Address Farmington, Mo.
19. (a) 9-29-1943 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1943 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9-23, 1943 to 9-27, 1943
that I last saw him alive on 9-23, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	2 weeks
Due to: Acute Cholecystitis	2 months
Due to:	
Other conditions (Include pregnancy within 3 months of death): 126	
Major findings: Of operations:	
Of autopsy:	

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature E. W. Dellezene (M. D. or other) DO
Address Fredericktown Mo Date signed 9-28-43

1196

(Licensed Embalmer's Statement on Reverse Side)

...EIVED

District Health Officer No. 4

District File Number 1043-2759

Date Filed 10-5-43

OCT 13 1943

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 Berl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.