S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1947

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22006

Primary Registration District No. 3060

Registrar's No. 208

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Francois
(c) City or town Farmington, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Moses Charles Dufour
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 M
6. (b) Name of husband or wife Catherine, Stamm
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Dec. (Month) 24 (Day) 1882 (Year)

8. AGE: Years 64 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Mo (State or foreign country)
10. Usual occupation Miner
11. Industry or business

MOTHER FATHER
12. Name Julius Dufour
13. Birthplace Bloomsdale (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Rose Ann Elliott
15. Birthplace [illegible] (City, town, or county) Ill (State or foreign country)

16. (a) Informant Catherine Du Four
(b) Address Farmington, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 6-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation PARK VIEW
18. (a) Signature of funeral director C. H. COZEAN
(b) Address FARMINGTON MO
19. (a) 6-20-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1947 hour 1 minute 00 P. 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 Coroners Jury Verdict accidental death due to an explosion	
Due to	
Due to External burns	
Other conditions (Include pregnancy within 3 months of death)	
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:
(c) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence June 18, 1947
(c) Where did injury occur? Leadington, St. Francois Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
St. Joseph Lead Mines (specify type of place)
While at work? yes (e) Means of injury Burns 3

23. Signature Dr. J. Miller (M. D. or other) Coroner
Address Farmington, Mo Date signed 6/19/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 642-86

Date Filed 6-24-47

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 C. H. Cozean

Licensed Embalmer No. 408

P. O. Address Farmington N.M.

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.