

FILED APR 7 1943

Registration District No.

Primary Registration District No. 6070

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town rural Liberty
(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 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town rural
(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 Ida Revelle

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lexie Revelle 6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace St Francis cty Mo. (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER

12. Name Marion Ferguson

13. Birthplace Madison cty Mo. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Le Brot

15. Birthplace St. Francois cty Mo. (City, town, or county) (State or foreign country)

16. (a) Informant James Ferguson

(b) Address Line la Lotte Mo.

17. (a) burial (b) Date thereof 3/26/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crossroad St

18. (a) Signature of funeral director St. Francois cty Mo.

(b) Address Cozean Farmington, Mo.

19. (a) Mar. 30 - 1943 (b) Byrdie Buhmester (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 25 day _____ year 1943 hour _____ minute 2 P. M.

21. I hereby certify that I attended the deceased from Office of Dr. J. H. ... for last 3 years - last 11.6 years; that I last saw him alive on Mar. 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyx - caused by pulmonary nephritis

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no

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

23. Signature M. B. Barber M.D. (M.D. or other)

Address Frederick Blount Date signed 3/26/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 443-1964
Date Filed 4-5-43

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.....

me, Registered Apprentice No.....

working under my personal supervision.

Signed *C. Acojean*.....

Licensed Embalmer No. 4084.....

P. O. Address *Farmington, N.H.*.....

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.