

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35429

State File No. _____
Registrar's No. 346

FILED OCT 21 1947

Registration District No. 346

Primary Registration District No. 3059

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Bonne Terre Hospital
(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:

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

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 153 Hill
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MYRTA ADDIE SIKES

3. (b) If veteran, name war r

3. (c) Social Security No. V

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John C. Sikes

6. (c) Age of husband or wife if alive 53 years

Birth date of deceased July 30 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Bonne Terre, RI Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John C. Saffell

13. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Eddie Permond

15. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Sikes

(b) Address 153 Hill Bonne Terre Mo

17. (a) Burial (b) Date thereof 9-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Chapel

18. (a) Signature of funeral director Benham & Co

(b) Address 313 Benton Bonne Terre Mo

19. (a) 10-13-47 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th
year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from February, 1945 to Sept 28, 1947
that I last saw h.c. alive on Sept 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery thrombosis Duration 3 wks.

Due to _____

Other conditions: Hypertension Diabetes mellitus Toxic thyroid adenoma
(Include pregnancy within 3 months of death)

2 1/2 yrs.
15 years
2 mos.

Major findings: _____

Of operations _____

Of autopsy U

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 _____

23. Signature Marvin J. New J. (M. D.) MD

Address Bonne Terre Mo. Date signed 10-3-47

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

MOTHER FATHER

REIVED

District Health Officer No. 4

District File Number 1047-1341

Date Filed 10-20-41

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 Clarence J. Graywell
Licensed Embalmer No. 13706
P. O. Address Down Town 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.