

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41822

State File No. _____

Registration District No. 316

Primary Registration District No. 4462

Registrar's No. 354

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Clarks
(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 _____ (Specify whether years, months or days) years

2. USUAL RESIDENCE OF DECEASED: St. Francois

(a) State Missouri (b) County _____

(c) City or town Clarks
(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 Lizzie Revelle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1946 hour 5:30 minute AM M.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Andrew Revelle

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

7. Birth date of deceased Aug 3d 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January, 1946, to Oct 30, 1946, that I last saw her alive on Oct 30, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 2 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death CORONARY OCCLUSION

Due to ARTERIAL SCLEROSIS

9. Birthplace Madison Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired

Due to _____

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

MOTHER FATHER

12. Name Rinkney Whitner

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

14. Maiden name Katherine Strup

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations 9417

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Gilbert Meyers

(b) Address Clarks Mo

17. (a) Burial (b) Date thereof 11-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Co, Mo

18. (a) Signature of funeral director Baldwell Bros

(b) Address Flat River Mo

19. (a) 11-13-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature W. A. Bally (M. D. or other) _____
Address Clarks Mo Date signed 11/13/46

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

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1246-2981

Date 12-16-46

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 W.A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River Dr

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.