DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

18895

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 14-5

Primary Registration District No. 1020A

Registrar's No. 23

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

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

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

3. (a) PRINT FULL NAME MARY CELESTE POSTON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife F J Poston
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 24 (Day) 1857 (Year)

8. AGE: Years 85 Months 5 Days 27 If less than one day hr. min.
9. Birthplace Ste. Genevieve Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Luther Poston
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation B. J. Cemetery
18. (a) Signature of funeral director Benham Hdl Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) May 25, 1942 (Date received local registrar) (b) Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour 1 minute 30 A M.
21. I hereby certify that I attended the deceased from March 20, 1942 to May 22, 1942 that I last saw her alive on May 21st, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Internal Hemorrhage	Unknown
Due to: Malignancy	unk- noon
Due to:	
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:
(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, public place? (Specify type of place)
While at work? (e) Means of injury O
23. Signature C. P. Coleman (M. D. or other)
Address Bonne Terre Mo Date signed 5-24-42

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 642 - 737
Date Filed 6 - 11 - 42

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.....
Leonard John Davis, Registered Apprentice No. 311
working under my personal supervision.

Signed C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18895

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(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)
In this community ____

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

3. (a) PRINT FULL NAME Mary C. Poston
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 W
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Nov - 24 - 1859 (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) (State or foreign country)
10. Usual occupation ____
11. Industry or business ____

MOTHER FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) (State or foreign country)
14. Maiden name ____
15. Birthplace ____ (City, town, or county) (State or foreign country)

16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 22
year 1942 hour 10 minute 30 A.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: Internal hemorrhage	unk
Due to: malignancy (Uterus)	
Due to: ____	
Other conditions (Include pregnancy within 3 months of death): ____	
Major findings: Of operations ____	PHYSICIAN
Of autopsy ____	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 ____

23. Signature W. F. Evans (M. D. or other)
Address Bonne Terre Date signed ____

SUPPLEMENTARY