

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN - 7 1943

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 30

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Cantwell
(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

In this community..... years, months or days)

3. (a) PRINT FULL NAME

Emma Rodds

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased March 31 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation Care of home

11. Industry or business.....

12. Name Joseph Underhill

13. Birthplace Don't know 9 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Eaton

(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof Dec. 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heros Cemetery Desloge

18. (a) Signature of funeral director E. J. Bayer

(b) Address Desloge, Mo.

19. (a) Dec. 30, 1942 (b) Byrdie Buhrmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Cantwell
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1942 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 1940 to Dec 24
that I last saw her alive on Dec 12
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to 107

Other conditions Dist. cranial hemorrhage
(Include pregnancy within 3 months of death)

Major findings: h. sided paralysis
Of operations arterio-sclerosis general

Of autopsy.....

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) (e) Means of injury.....

23. Signature J. P. Galt (M. or other)
Address Desloge, Mo. Date signed 12/29/42

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

94
0

MOTHER FATHER

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 143-15-40
Date Filed 1-3-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed C. J. Beyer
Licensed Embalmer No. 1671
P. O. Address Darby Pa

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.