

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1945

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 147

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 wks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rose Boillot
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victor 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 17, 1894
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>51</u> | <u>0</u> | <u>13</u> | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name George Elliott
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name XXXX Mayo
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Boillot
(b) Address Lincoln, Mo. or Sandy Hook Mo.

17. (a) Burial (b) Date thereof 7/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Remains in California, Mo.

18. (a) Signature of funeral director Victor Boillot

(b) Address Jefferson City, Mo.

19. (a) 7-5-45 (b) Theresa Richter
(Date received local registers) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Sandy Hook, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Sandy Hook, Mo.
(If rural, give location)
(e) Citizen of foreign country? ! (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30
year 1945 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Mar. 10, 1943 to June 30, 1945
that I last saw her alive on June 30, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Gastric Carcinoma

Due to _____

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

Major findings: Of operations _____

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? _____

(Specify type of place) (Specify type of place)
(e) Means of injury _____

23. Signature Mr. A. D. ... (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 7/5/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-12-45

AUG 18 1952

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: Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.