

FILED MAR 1 1948

Registration District No. **99**

Primary Registration District No. **4/66**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **DeKalb**
(b) City or town **Weatherby**
(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
In this community **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **DeKalb**
(c) City or town **Weatherby**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

32000

3. (a) PRINT FULL NAME **MARY ELIZABETH VEALE**

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 **Widowed**
6. (b) Name of husband or wife **John W. Veale**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 29 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **11** If less than one day
hr. _____ min. _____

9. Birthplace **Union Star Mo (R.F.D.)**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Jacob Holland**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Robison**

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

16. (a) Informant **Kate Hofstatter**

(b) Address **Maysville Missouri**

17. (a) **Burial** (b) Date thereof **2-12-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn (Maysville)**
PILCHER FUNERAL HOME

18. (a) Signature of funeral director _____

(b) Address **MAYSVILLE MO.**

19. (a) **2-11-48** (b) **R. L. Gardner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **10**
year **1948** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **May 2**, 19**40** to **Feb 10**, 19**48**
that I last saw him alive on **May 10**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis** Duration **6 yrs.**

Due to _____

Due to _____

Other conditions **arterio-sclerosis 5 yrs.**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____
Of autopsy **131B**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 **2**

23. Signature **R. R. Reynolds** (M. D. or other) **Do.**

Address **Maysville Mo** Date **2-11-48**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Vera Pilcher
Vera Pilcher

Licensed Embalmer No. **4499**

P. O. Address **Maysville 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.