

Registration District No. 834Primary Registration District No. 6097Registrar's No. 42

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Advance
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community 20 Years
years, months or days8. (a) PRINT FULL NAME Patsy Fuel 400

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife John Fuel 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased May 27 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 5 20 hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Benjamin Whittington13. Birthplace Don't Know
(City, town, or county) (State or foreign country)14. Maiden name Megan
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)16. (a) Informant's own signature [Signature]
(b) Address Advance Mo.17. (a) Dongola (b) Date thereof Nov 19 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dongola18. (a) Signature of funeral director Baker Funeral Home
(b) Address Antiochville Mo. Rys. S. for Spoken19. (a) 12/1/1939 (b) D. S. Mc Neal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County _____(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th
year 1939 hour 4 minute 43 P. M.21. I hereby certify that I attended the deceased from Nov. 12th
_____ 1939 to Nov. 17th 1939;
that I last saw her alive on Nov. 17 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy
Due to high pressureDue to old age 92 WOther conditions
(Include pregnancy within 3 months of death)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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature E. C. Masters (M. D. or other) MDAddress Advance Mo. Date signed Nov 16-39

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED

District Health Officer No. 2,

at File Number 1239 406

Date 12-6

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.....

Licensed Embalmer No.....

P.O. Address.....

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, above space should be left blank.