

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 15 1940
Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community Life
years, months or days) 213

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Miami (Rural)
(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.

8. (a) PRINT FULL NAME MAUDE AGNES DYSART

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 married

6. (b) Name of husband or wife R. H. Dysart 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept 23 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Weaver

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

14. Maiden name Mary Coart

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

16. (a) Informant's own signature R. W. Dysart

(b) Address Miami Mo R 2

17. (a) Burial (b) Date thereof 12-24-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo 715

19. (a) 12-23-39 (b) Mary Kent
(Date entered local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Dec day 21st
year 1939 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 14 1939 to Dec 21 1939; that I last saw her alive on Dec 21 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction Duration 12 days

Due to Umbilical Hernia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12 1/2 W

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 [Signature] (M. D. or other) _____

Address Marshall Date signed 12/22/39

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/2/40

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 *Fred Wickman*

Licensed Embalmer No. 2478

P.O. Address Clinton MI

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.