

Registration District No. 660

Primary Registration District No. 4396

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville Mo.
(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 80-2-17
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Mary Theresa McAtee 230

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

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

6. (b) Name of husband or wife Styhen McAtee 6. (c) Age of husband or wife if alive 1860 years

7. Birth date of deceased April 8
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 17 If less than one day
hr. _____ min. _____

9. Birthplace Perry Co / Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name William Dunker

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

14. Maiden name Mary Ann Lukfahar

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

16. (a) Informant's own signature Mary Theresa McAtee

(b) Address Perryville Mo

17. (a) Burial (b) Date thereof June 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) June 26-40 (b) Joey Zedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
Perryville Mo.
(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 June day 25
year 1940 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 2, 1940, to June 25, 1940,
that I last saw her alive on June 25, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 3 hrs

Due to Coronary Sclerosis 1 yr

Due to Chr. Myocarditis 1 yr
Hypertension 3 yrs

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

Major findings: 93C
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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? 595

While at work _____ (Specify type of place)
(a) Means of injury _____

23. Signature Oscar A Carron (M. D. or other)

Address Perryville Mo Date signed 6-25-40

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

Rev. 6-17-39 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.

MOTHER FATHER

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 *Arnold C. Young*

Licensed Embalmer No. 2138

P. O. Address *Peruville, 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, above space should be left blank.