

Registration District No. 689 Primary Registration District No. 4320 Registrar's No. 47

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Marguerand Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 2 1/2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Madison
(c) City or town Marguerand
(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.

3. (a) PRINT FULL NAME MARY F MATHESON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 28
year 1940 hour 7-12 P.M. minutes _____ M.
21. I hereby certify that I attended the deceased from July 22
_____, 1940, to July 28, 1940
that I last saw her alive on July 28, 1940
and that death occurred on the date and hour stated above.

4. Sex FEM 5. Color or race W
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years 20 - 18.5 9

Immediate cause of death Dysentery Bacillary Duration Proctor
Due to _____
Due to _____

8. AGE: Years 81 Months 3 Days 8 If less than one day _____ hr. _____ min.

Other conditions no 12 1/2
Major findings: Of operations no
Of autopsy no

9. Birthplace Marguerand Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name ALBERT G BLACK
13. Birthplace ILLINOIS
14. Maiden name ELIZABETH STEPHANS
15. Birthplace MARGUERAND MO
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Ada Medana
(b) Address Marguerand Mo
17. (a) Burial (b) Date thereof 9-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation STEPHANS CEM.
18. (a) Signature of funeral director Ed Brown
(b) Address Marguerand Mo
19. (a) July 30 1940 (Date received local registrar) (b) B. G. S. Cameron (Registrar's signature) Ray & A. S. Durand

28. Signature Ed Brown (M. D. or other) _____
Address Fredericktown Date signed 8-2-40

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.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Ed. H. Webb

Licensed Embalmer No. 735

P. O. Address Fredericktown

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.