

FILED FEB 18 1941

Registration District No. 155

Primary Registration District No. 6065

Registrar's No.

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

1. PLACE OF DEATH:

(a) County. Scott

(b) City or town. Illmo Mo KANSAS

(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. 13 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Illmo. (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME Maryetta Cathern Mihler

(b) If veteran, name war. —

(c) Social Security No. 99-122

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1941 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 2 1941 to Jan 8 1941 that I last saw her alive on Jan 8 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James D. Mihler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 15 1858 (Month) (Day) (Year)

Immediate cause of death

myocarditis

Due to senility

Due to influenza

Other conditions (include pregnancy within 3 months of death) 93 h

8. AGE: Years 82 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Wayne Co / Ill (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business —

12. Name Parrie Fortner

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

14. Maiden name Sarah Davis

15. Birthplace Wayne Co / Ill (City, town, or county) (State or foreign country)

16. (a) Informant Leater Lovellette (b) Address Illmo Mo

17. (a) Burial (b) Date thereof Jan 15 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation lightner Illmo Mo

18. (a) Signature of funeral director Bispinghoff & Hubbard

(b) Address Illmo Mo

19. (a) 1-15-41 (b) J. J. Sartin (Date of local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature J. E. Lee M.D. (M. D. or other) 0

Address Illmo Mo Date signed 1/15/41

RECEIVED

District Health Officer No. 2.

District File Number 241-134

Date Filed 2/3/41

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 Mamie Desplinghoff

Licensed Embalmer No. 8242

P. O. Address Chaffee 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.