

FILED MAR 17 1941

Registration District No. **420**

Primary Registration District No. **3022**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **DeSoto**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
421 St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Mary Ellen Backer**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Infant**

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

7. Birth date of deceased **Jan. 7 1941**
(Month) (Day) (Year)

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

9. Birthplace **DeSoto** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business
12. Name **Paul Backer**
13. Birthplace **Washington Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara Ida Schulse**
15. Birthplace **Washington Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Backer**
(b) Address **401 St. Louis St DeSoto Mo**

17. (a) **Burial** (b) Date thereof **Jan. 7, 1941**
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation **DeSoto Mo.**

18. (a) Signature of funeral director **Lee Mothershead**

(b) Address **DeSoto, Mo.**

19. (a) **3-5-41** (b) **Jenna Donnell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**
(c) City or town **421 St. Louis St. DeSoto.**
(If outside city or town limits, write "RURAL")
(d) Street No. **421 St. Louis**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **7**
year **1941** hour **3** minute **00** A. M.

21. I hereby certify that I attended the deceased from **Jan 7, 1941**
19 to **Jan 7**, 1941
that I last saw her alive on **Jan. 7**, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Prematurity
6 Mo. gestation **3-hr.**

Due to **unknown.**

Due to **15**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence

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?
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While at work? (Specify type of place) (e) Means of injury

23. Signature **Paul V. McPherson** (M. D. or other)
Address **DeSoto, Mo** Date signed **1/7/41**

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.....

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.