

FILED JUN 12 1941

Registration District No. 421

Primary Registration District No. 4249

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 716 Pine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Maness

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

4. Sex FP 5. Color of hair W 6. (a) Single, widowed, married, divorced SO
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 14 41
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Maness
13. Birthplace Desloge Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Eiler
15. Birthplace Osage Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Maness
(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 5/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist

18. (a) Signature of funeral director Sink and Co.

(b) Address Festus Mo.

19. (a) May 16 41 (b) J. E. Rutledge M.D.
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1941 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 14/41
to May 14/41
that I last saw him alive on May 14/41
and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth at gestation less than six months

Due to _____

Due to _____

Other conditions: 154
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? 392

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

23. Signature J. E. Rutledge (M. D. or other) MD

Address Capital City Date signed 5/16/41

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

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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, fact should be so stated above.