

**FILED** SEP 12 1941  
Registration District No. **6-2-5**

Primary Registration District No. **3031**

Registrar's No. **109**

1. PLACE OF DEATH:

(a) County **Nodaway**  
(b) City or town **Marionville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Francis Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week**  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **74**  
(c) City or town **Skidmore (Rural)** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4 mi west of** **0**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **25**  
year **1941** hour **9** minute **22 p.m.**

21. I hereby certify that I attended the deceased from **Aug 18**, 19**41** to **Aug 21**, 19**41**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cerebral embolism**  
**arterio sclerosis**  
**Multiple Arthritis -**  
**(hypertrophic)**  
**Saltus - Intestis**

Duration

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **91**

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

23. Signature **W. P. Johnson** (M. D. or other) **0**  
Address **Marionville, Mo.** Date signed **8-26-41**

3. (a) PRINT FULL NAME **TILLIE L. McDERMIT**

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

4. Sex **7.1** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Delbert Denver McDermit** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **June 22, 1880**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **2** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Fanning**

13. Birthplace **Nod. Co. Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Stonehouse**

15. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **D. D. McDermit**

(b) Address **Skidmore Mo**

17. (a) **Burial** (b) Date thereof **Aug 27, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Marionville Mo.**

19. (a) **Aug 27-41** (b) **Name E. Clardy**  
(Date received local registrar) (Registrar's signature)

**055** (Licensed Embalmer's Statement on Reverse Side)

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

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.....

*John W. Price.*

Licensed Embalmer No.....

*3229.*

P. O. Address.....

*Maryville 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.**