

FILED SEP 11 1941 6
Registration District No. _____

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hrs 30 min
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 614 N. 2nd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Janice Ann Maye

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug, day 16, year 1941, hour 8: minute 30 A.M.

21. I hereby certify that I attended the deceased from 5 - 1941 to Aug 6, 1941
that I last saw her alive on Aug 6, 1941
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 Single

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

7. Birth date of deceased: Aug 5 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	-	-	-	<u>16 hr 30 min</u>

Immediate cause of death: Pneumonia

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER {

12. Name J. M. Maye

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

14. Maiden name Nellie May Wright

15. Birthplace Cole Camp, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Maye

(b) Address J. Marshall, Mo.

17. (a) Burial (b) Date thereof 8-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saline, Mo.

18. (a) Signature of funeral director J. F. Busenay

(b) Address Marshall, Mo.

19. (a) 8-7-41 (b) Dep. Registrar
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

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 J. M. Maye (M. D. or other) J. M. D.

Address Marshall Date signed 8-6-41

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

7
1
2

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed
4-9-41

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..... *J. Leslie Sweeney*
Licensed Embalmer No. 3235
P. O. Address..... Marble, N.H.

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.