

2-40
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K23159

FILED OCT 11 1941

Registration District No. 1005

Primary Registration District No. 6009

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County St. Clair
 (b) City or town Vista (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 1 (Specify whether
 In this community 2 years years, months or days)

3. (a) PRINT FULL NAME Anna Elzina Doyel

3. (b) If veteran, name war. _____ 3. (c) Social Security No. none

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John H. Doyel 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 5 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 0 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harrison Rollins

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

14. Maiden name Mary Morris (City, town, or county) (State or foreign country)

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

16. (a) Informant Jesse Martin

(b) Address Cochran, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Mo.

18. (a) Signature of funeral director Joseph & Firestone

(b) Address Collins Mo.

19. (a) Oct 6-1941 (Date received local registrar) (b) Mattie J Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Clair
 (c) City or town Vista (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1941 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 1941, to October 1941, that I last saw her alive on October 3 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Rectum

Due to _____

Due to _____

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

Major findings: Of operations H&D

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? _____

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

23. Signature H. G. Robinson M.D. (M.D. or other)

Address Humansville, Mo Date signed 10/5/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

Case No. _____ Number 10-41-1757

Date Filed 10-9-46

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

Paul Finestone

Licensed Embalmer No. 3990

P. O. Address Collins 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.