

JAN 16 1942

Registration District No. 744

Primary Registration District No. 5926B

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Ray *D. & L. Howard Temp*
(b) City or town Henrietta Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Henrietta
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Stigall

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 17 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 00 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name George Wernex

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

14. Maiden name Lizzie Day
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. John Scherlinger

(b) Address Henrietta Mo.

17. (a) Burial (b) Date thereof Dec. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craven Cemetery

18. (a) Signature of funeral director E. Therman
(b) Address Richmond Mo.

19. (a) Dec. 18, 41 (b) Malcol Gibson
(Date received local registrar) (Registrar's signature)

705 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
1941 year hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 16th 1941 to Dec 18 1941
that I last saw h. or alive on Dec 16th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplectic Stroke Duration 12 hr.

Due to Age

Due to _____

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

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 0

23. Signature J. V. Smith (M. D. or other) _____

Address Henrietta Mo. Date signed 12-17-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

Dist File Number

1-14-42

STATEMENT BY LICENSED EMBALMER

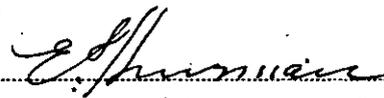
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

if if if

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2073

P. O. Address. Richmond 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.