

Registration District No. 132

Primary Registration District No. 5971

State File No. _____
Registrar's No. 45

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Union Twp.
(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 54 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Union Twp.
(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.? _____ years.

3. (a) PRINT FULL NAME Mae Crose Ficklin

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24th
year 1942 hour _____ minute 20 P.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Aug 7th 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-2, 1942 to 2-27, 1942 that I last saw her alive on 2-24, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>17</u>	hr. _____ min.

Immediate cause of death Cerebral Linn

Duration 3 mos.

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

Due to _____

Due to _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {

12. Name Newton Wilson

13. Birthplace _____ (City, town, or county) Ill 1 (State or foreign country)

14. Maiden name Anna Wilson

15. Birthplace _____ (City, town, or county) Ill 1 (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H. G. Carr

(b) Address Pontiac, Mich

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1942
(Month) (Day) (Year)

(c) Place: burial or cremation malesly mo

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? _____

18. (a) Signature of funeral director Mahlan Anderson

(b) Address malesly mo

19. (a) 2/26/1942 (b) Anna Hove
(Date received local registrar) (Registrar's signature)

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

23. Signature A. L. McCormick (M. D. or other) _____

Address malesly Date signed 2-26-42

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-366

Date Filed MAR 10 1942

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

Frank D. Dr. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.