

FILED APR 24 1942

Registration District No. 553

Primary Registration District No. 5754

1. PLACE OF DEATH:

(a) County Mercer Co.
(b) City or town Somersett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution No (Specify whether
60 years (Specify whether
In this community No
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 065
(c) City or town (Rural) Somersett 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1942 hour 16 minute all
21. I hereby certify that I attended the deceased from June
10 1941 to January 1942
that I last saw her alive on Jan 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to myocardial degeneration
Duration 5 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

Of autopsy no

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 P. J. Perry (M. D. or other) 74D
Address Princeton Mo Date signed 1/5-42

3. (a) PRINT FULL NAME

Mary Amelia Wade

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Feb. 3, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Virginia City Nevada
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Charley Funkhauser 9

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

14. Maiden name Baylor

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

16. (a) Informant Theodore Wade

(b) Address Mercer, Mo.

17. (a) burial (b) Date thereof Jan 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry

18. (a) Signature of funeral director Hail Trust

(b) Address Princeton Mo

19. (a) 1-5-42 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

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

5
6
6

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Paul J. Murr

Licensed Embalmer No. 2634

P. O. Address Farmington 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.