

FILED APR 17 1942
Registration District No. 2

Primary Registration District No. 6131

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Reger

(c) Name of hospital or institution: St. Ann's Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 years (Specify whether years, months or days)

In this community 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Reger

(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mallissa Jane Woodall

3. (b) If veteran, name war —

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1942 hour 8 minute 30 A. M.

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

4. Sex Female Color or race white

5. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 78 years

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

Immediate cause of death Coronary occlusion Duration 3 1/2 hrs

Due to 94 A

Due to

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

8. AGE: Years 81 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Reger, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER

11. Industry or business —

12. Name W. H. Myers

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

14. Maiden name Margaret Williams

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

16. (a) Informant J. T. Woodall

(b) Address Reger, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Schrock, Tenn.

18. (a) Signature of funeral director Schrock, Tenn.

(b) Address Miller, Mo. (Frank)

19. (a) April 3-42 (Date received local registrar) (b) Mrs. L. D. Green (Registrar's signature)

PHYSICIAN

Major findings: Of operations

Of autopsy

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?

(Specify type of place) (e) Means of injury 0

23. Signature J. R. Martin (M. D. or other) 0

Address Browning, Mo. Date signed 3/24/42

RECEIVED

District Health Officer No: 10

District File Number 4-10-724

Date Filed 4-15-1942

APR 15 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.....

Frank D. Scherer

Registered Apprentice No.....

working under my personal supervision.

Signed

Frank D. Scherer

Licensed Embalmer No.....

2016

P. O. Address.....

Milan, 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.