

Registration District No. 316 - Primary Registration District No. 4461 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bismarck, Mo.
(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.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Bismarck
(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 Sarah McLary
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23
year 1942 hour 9:30 minute 19 M.

4. Sex Female 5. Color or race W.
6. (a) Name of husband or wife _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov 1 1941 to July 23 1942
that I last saw _____ alive on July 19 1942
and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased Mar 22 - 1865
(Month) (Day) (Year)
8. AGE: Years 77 Months 4 Days 3 If less than one day _____ hr. _____ min.

Due to Pneumonia (Lobar)
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Iron Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation House work

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PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Joseph Moyer
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Bryant
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Turley
(b) Address Bismarck, Mo.
17. (a) Burial (b) Date thereof 7-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caldwells
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) 7-25-42 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

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 Jos W. Neumann (M. D. or other) _____
Address Bismarck Date signed 7-25-42

RECEIVED

District Health Officer No. 4

File Number 842-1013

8-11-42

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.