

DEC 9 1942

Registration District No. 207

Primary Registration District No. 5755

Registrar's No. 168

63
093
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Rural - Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries

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

(d) Street No. Vienna, Mo. R. D.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Katherine Steimentz

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1942 hour..... minute 12 P. M.

4. Sex F 5. Color or race W 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 Oct 28 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 3, 1942, to November 2, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 0 Days 6 If less than one day
hr. min.

Immediate cause of death Cerebral embolism Duration.....

9. Birthplace Shawneetown, Ill.
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

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

10. Usual occupation House wife

11. Industry or business.....

12. Name Martin Inman

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

14. Maiden name Mary Lafferty

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

16. (a) Informant Mrs. Rachel Brennan

(b) Address Vienna, Mo.

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

(c) Place: burial or cremation Vienna, Mo.

18. (a) Signature of funeral director Vernon M. Morton

(b) Address Linn, Mo.

19. (a) Nov 9, 1942 (b) Erma Bassett
(Date received local registrar) (Registrar's signature)

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.....

23. Signature L.C. Howard (M. D. or other) do
Address Vienna, Mo Date signed 11/7/42

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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 Vernon M Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.