

FILED DEC 11 1942

Registration District No. **272**

Primary Registration District No. **5912**

Registrar's No. _____

78
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Peniscot *Virginia Sup.*

(b) City or town Holland

(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 Peniscot

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

(d) Street No. Near Postageville MO.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Edney Study

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Cleve Study

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Oct 17 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	1	24	hr. _____ min. _____

9. Birthplace Adelton MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Honey Hodges

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

14. Maiden name Ma Russell

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

16. (a) Informant Mr. Bessie Chast

(b) Address Parma Mo P# 2

17. (a) Burial (b) Date thereof Oct-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Postageville MO

18. (a) Signature of funeral director W. C. Dean

(b) Address Postageville MO

19. (a) Dec. 2, 1942 (b) Ma. Study
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month II day Oct
year 1942 hour 7 minute 7 A. M.

21. I hereby certify that I attended the deceased from Only Oct., 3th, 42 19____ to _____ 19____;
that I last saw h^e alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis and that of the liver

Due to Putrefactive food and retention of fecal mater

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 118.3
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? _____

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

23. Signature R. H. Recker (M. D. or other)

Address Postageville MO Date signed 10/11/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

DEC 11 1949

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

Neil C. Deane

Licensed Embalmer No.

3941

P. O. Address

Portageville
Missouri

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.