

FILED DEC 16 1942

State File No. ....

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 76

89

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo.  
(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 none (Specify whether years, months or days)

In this community All Her Life

3. (a) PRINT FULL NAME Janie Dwyer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Married - Eddy Dwyer Deceased years

6. (c) Age of husband or wife if 1871 Sept. 2nd.

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>21</u>	..... hr. .... min.

9. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name James Pointer

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

14. Maiden name Margarette Shriev

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

16. (a) Informant J. B. Pointer

(b) Address Camden Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42. (Month) (Day) (Year)

(c) Place: burial or cremation Craven Cem. Camden Mo.

18. (a) Signature of funeral director J. B. Pointer

(b) Address Richmond Mo.

19. (a) Nov. 24, 1942 (Date received local registrar) (b) Mrs. Charles S. Sleggs (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Camden Mo. (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 U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 24 year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 6-15-42, 19, to 11-24-42, 19; that I last saw her alive on 11-22-42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Duration 1 yr

Due to.....

Due to.....

Other conditions Chronic Nephritis 1 yr  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 1316

Of operations.....

Of autopsy.....

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? Yes (Specify type of place) (M. D. or other) MD

23. Signature Shos J. Lewis (M. D. or other) MD

Address Richmond, Mo. Date signed 11-25

1280

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

12-14-42

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

J. B. Brothers

Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed

Licensed Embalmer No. 2001.

P. O. Address Richmond No.

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.