

NOV 6 1943

State File No.

Registrar's No. 83

Registration District No. 316

Primary Registration District No. 3061

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Flat River, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Flat River, Missouri  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Marilee Cash

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, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased July 21 1927  
(Month) (Day) (Year)

8. AGE: Years 16 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Sam Cash

13. Birthplace St. Francois Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Underwood

15. Birthplace St. Francois Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Emery Hargis

(b) Address Flat River, Missouri

17. (a) Burial (b) Date thereof 9/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.F. St. Francois

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address Flat River, Missouri

19. (a) Oct. 12, 1943 (b) Syddie Bukhmaster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27  
year 1943 hour 9 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 9-24-43  
19\_\_\_\_ to 9-27-43 19\_\_\_\_

that I last saw her alive on 9-29-43 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration \_\_\_\_\_

Coronary Thrombosis 3 Ra

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? NO

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature B. B. Hargis (M. D. or other)

Address Flat River Date signed 10/6/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 1143-2865  
Date Filed 11-5-43

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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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address 71st River 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.