

FILED NOV 6 1943
Registration District No. 343

Primary Registration District No. 4901

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

1. PLACE OF DEATH: Stoddard
 (a) County _____
 (b) City or town Essex
 (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 _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Stoddard
 (c) City or town Essex
 (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 Mary C. Priest
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 8 year 1943 hour 4 minute A M.
 21. I hereby certify that I attended the deceased from Sept 15 1943 to Oct 4 1943 that I last saw him 4 alive on Oct 3 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Oliver C. Priest 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Dec. 11. 1871.
 (Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis, Tension
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 92a
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
71 9 28 hr. min.

9. Birthplace Clark Co. Ky.
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife
 11. Industry or business _____

MOTHER FATHER { 12. Name Levi Thompson
 13. Birthplace unk own
 (City, town, or county) (State or foreign country)
 14. Maiden name Mariah Oden
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Oliver C. Priest
 (b) Address Essex, Mo.

17. (a) Burial (b) Date thereof Oct. 10. 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Essex, Mo.

18. (a) Signature of funeral director Watkins Funeral Service
 (b) Address Dexter, Mo.

19. (a) Oct 28, 43 (b) W. A. Lyons
 (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 W. A. Lyons (M. D. or other) _____
 Address Essex, Mo. Date signed Oct 17 43

1129

RECEIVED

District Health Office No. 2,

District File Number 1143-137

Date Filed 11-3-43

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 Chester A. Roof

Licensed Embalmer No. 3044

P. O. Address Chester 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.