

Registration District No. 291

Primary Registration District No. 5990

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Putnam
 (b) City or town RURAL - Jackson Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Unionville Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community LIFE TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. JACKSON TOWNSHIP-KNOXDALE
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MATTIE Woyel FITZWATER

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 MARRIED
 6. (b) Name of husband or wife Wm R FITZWATER
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased August - 29 - 1895
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 3 27 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

12. Name GEORGE W SALLISON

13. Birthplace Putnam County MO
 (City, town, or county) (State or foreign country)

14. Maiden name MARY R McCLEAN

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

16. (a) Informant Dan R Fitzwater
 (b) Address Unionville Mo. P.O.

17. (a) BURIAL (b) Date thereof DEC 28 - 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POWERSVILLE CEMETERY

18. (a) Signature of funeral director Comstock Funeral Home
 (b) Address Unionville, Mo. Comstock

19. (a) 1/14/44 (b) _____
 (Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 26
 year 1943 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from
Nov 5 1943 to Dec 26 1943
 that I last saw her alive on Dec 26 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death
Bulbar Paralysis progressing with
 Due to respiratory and cardiac
Paralysis and hypostatic
 Due to Pneumonia

Duration	PHYSICIAN
<u>2 yrs</u>	<u>[Signature]</u>
	Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

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 [Signature] (M.D. or other)
 Address [Signature] Date signed 1/14/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-44-51

Date Filed JAN 10 1944

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Louisville, 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.