

No. 2
-2-43
-17-39
X35897

FILED FEB 16 1944
Registration District No. 863

Primary Registration District No. 4236

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Warren Co., Mo.
(b) City or town Marthasville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ev. Emmanuel's Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 19 years
In this community 19 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Warren
(c) City or town Marthasville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ATTAWAY, ELLEN B.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 15 1919
(Month) (Day) (Year)

8. AGE: Years 25 Months _____ Days 2 If less than one day hr. _____ min. _____

9. Birthplace Bieber, Arizona 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Henny J. Attaway

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

14. Maiden name _____

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

16. (a) Informant John H. Ruhl

(b) Address Marthasville, Mo.

17. (a) _____ (b) Date thereof Jan 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emmanuel Home Cem

18. (a) Signature of funeral director Fred. W. Lichtner

(b) Address Marthasville, Mo.

19. (a) Jan. 18, 1944 (b) Echels Kehn
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 1944
year hour minute M.

21. I hereby certify that I attended the deceased from Jan 19 1944 to Jan 17 1944
that I last saw her alive on Jan 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Epilepsy Duration 23 yr

Due to Traffic signal fallen
Due to Epilepsy

Other conditions General debility
(Include pregnancy within 3 months of death)

Major findings: Of operations 8 5
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? _____

While at work? _____ (Specify type of place) (c) Means of injury 1

23. Signature [Signature] (M. D. or other) MD
Address Marthasville, Mo. Date signed 1/17/44

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

17103

Body was not Embalmed

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.....

Fred. W. Lichtenberg

Licensed Embalmer No.....

1321

P. O. Address.....

Marthasville 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.

Registration District No. 363

Primary Registration District No. _____

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Warden
(b) City or town Charrette Imprial
(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)

3. (a) PRINT FULL NAME Attaway Ellen B

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

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

8. AGE: Years 25 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb. 26, 1944 (b) Ethel Kehr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

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? _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

11

2024