

Registration District No. 183

Primary Registration District No. 5686

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Humphrey Rural Jackson
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Humphrey R.F.D. Rural
(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 IDA MAE ESLIT

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, widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Month) (Day) (Year)
7. Birth date of deceased May 11 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 5
If less than one day hr. min.

9. Birthplace Linn Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business.....

12. Name Arnon Daterman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Canada
(City, town, or county) (State or foreign country)

15. Birthplace Linn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Forst
(b) Address Linnens Mo.

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

(c) Place: burial or cremation Narville, cemetery

18. (a) Signature of funeral director J.P. Robertson
(b) Address Jared, Mo.

19. (a) Mar 18 1944 Wm C Woolf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1944 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1940 to March 15 1944
that I last saw her alive on March 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 24h
Due to.....
Due to.....

Other conditions Chronic Myocarditis year
(Include pregnancy within 3 months of death)

Major findings:
Of operations PZA
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 E

23. Signature J.R. McAtee (M. D. or other) M.D.
Address Browning Mo. Date signed 3-17-44

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

8
6
0

1334

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.....

John M. Robertson....., Registered Apprentice No. *353*
working under my personal supervision.

Signed *J. Robertson*.....

Licensed Embalmer No. *2418*.....

P. O. Address *Fairfax, Va.*.....

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.