

Registration District No. 274

Primary Registration District No. 5925

Registrar's No. 80

**1. PLACE OF DEATH:**  
 (a) County Pettis  
 (b) City or town Rural FINE Fork Miss  
 (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 43 years 73 years (Specify whether)  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Pettis 80  
 (c) City or town Rural Green Ridge Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6mi N. W. Green Ridge Mo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Mahaley Catherine Lanison  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Feb day 28  
 year 1944 hour 3 minute 15 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife W. H. Masely 6. (c) Age of husband or wife if alive 86 years  
 7. Birth date of deceased June 6 1860  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 8, 1944 to Feb. 28, 1944  
 that I last saw her alive on Feb. 24, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
83 8 22 hr. min.

Immediate cause of death Chronic myocardial disease etc.  
 Duration \_\_\_\_\_

9. Birthplace Macon Co Mo D  
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Other conditions Atherosclerosis  
 (Include pregnancy within 3 months of death)

11. Industry or business On Farm

**MOTHER FATHER**  
 { 12. Name Peter Lanison  
 { 13. Birthplace West Virginia 1  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Emeline Hayley  
 { 15. Birthplace Tennessee 1  
 (City, town, or county) (State or foreign country)

Major findings: Of operations 93d  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature W. H. Masely

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(b) Address Green Ridge Mo

17. (a) Burial (b) Date thereof Mar 1st 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hickory Point Cem

(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 \_\_\_\_\_

18. (a) Signature of funeral director L. P. Reams  
 (b) Address Green Ridge Mo

19. (a) 2-29-44 (b) Miss Anna Seeger  
 (Date received local registrar) (Registrar's signature)

23. Signature H. A. Hite (M. D. or other)  
 Address Green Ridge Mo Date signed 2/29/44

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-12-49

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

L. L. Ream

Licensed Embalmer No.

1881

P. O. Address

Green Ridge

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, above space should be left blank.