

FILED MAY 11 1944

Registration District No. 185

Primary Registration District No. 4301

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Linn
(b) City or town meadville
(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 1 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Linn 58
(c) City or town meadville 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

8. (a) PRINT FULL NAME MARY EGGIE PRIDEMORE

3. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Feb 6 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Asbury & Casada
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Smith
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Timbrangh
(b) Address Crownpoint mo
17. (a) burial (b) Date thereof 3-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olive. cem

18. (a) Signature of funeral director E. J. Robertson
(b) Address Jareds, mo.
19. (a) April 7, 1944 (b) Mrs. Uiria Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27
year 1944 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from 3-27-44
_____, 19____, to 3-27 -, 1944;
that I last saw H.R. alive on 3-27 -, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration

Due to _____
Due to 94a

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 2
28. Signature S. H. Harrison (M. D. or other) D.O.
Address meadville mo Date signed 3/27/44

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

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. *255-*
working under my personal supervision.

Signed *E. J. Robertson*.....
Licensed Embalmer No. *2468*
P. O. Address *Fairfax, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.