

FILED JUN 12 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Cudrain

(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 613 E Park St 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 23 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cudrain

(c) City or town Mexico  
(If outside city or town limits, write "RURAL")

(d) Street No. 613 E Park St 1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) no

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VIELLA, L. U. E.

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

4. Sex female 5) Color or race negro

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1877 years  
(Month) (Day) (Year)

7. Birth date of deceased \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Santafe Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

12: Name Edward Cawthon

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

14. Maiden name Margaret Meadows

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

16. (a) Informant Mary Sue

(b) Address 613 E Park, Mexico

17. (a) Burial (b) Date thereof 5-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Santafe, Mo

18. (a) Signature of funeral director J. P. ...

(b) Address 101 N. Western, Mexico

19. (a) 5/5/44 (b) Margaret H. Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1944 hour 1:30 minute 30 M.

21. I hereby certify that I attended the deceased from 3-1-  
1944 to 5-1- 1944

that I last saw him alive on 3-1- 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

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

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

Other conditions Bronchial Asthma  
(Include pregnancy within 3 months of death)

Major findings: 93d

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 M. J. ... (M. D. or other) \_\_\_\_\_

Address Mexico, Mo. Date signed 5-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

4  
1  
2

107X

FEB 20 1956

RECEIVED

District Health Officer No. 10

District File Number 6-44-1132

Copied Filed JUN 9 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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*J. Ruyce Alexander*

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.