

FILED JUN 7 1944
Registration District No. 222

Primary Registration District No. 4201

State File No. _____

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Republic
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Republic
(If outside city or town limits, write "RURAL")
(d) Street No. Main
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA MAYBELLE MIKESSELL

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

4. Sex F 1 Color or race wh
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Chas B 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: April 8- 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 28 If less than one day
hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name C. J. Stewart
13. Birthplace Jersey (City, town, or county) (State or foreign country)
14. Maiden name Frances Wray
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Earl Mikessell
(b) Address Republic Mo

17. (a) Burial (b) Date thereof 5-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of funeral director Alvin J. Meyer

(b) Address Springfield, Mo

19. (a) May 28 44 (b) St. Lawrence Britton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26
year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5-26-44
to 5-26-44 1944
that I last saw him alive on 5-26-44
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage

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

Major findings: Of operations 83a
Of autopsy no

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? _____

23. Signature R. L. Mitchell (M.D. or other) DO.
Address Republic Mo Date signed 5-26-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1241

RECEIVED

Greene County Health Office,

County File Number 44-6-45

Date Filed 6-6-44

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 Gertha Collier

Licensed Embalmer No. 3632

P. O. Address. Springfield

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.