

FILED JUN 8 1943
Registration District No. 1246

Primary Registration District No. 5890

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Pontiac Rural
(c) Name of hospital or institution: Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life time years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage
(c) City or town Pontiac Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Pontiac rd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME ELLEN Kathryn Mahan
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13th
year 1943 hour 10 minute _____ P.M.
21. I hereby certify that I attended the deceased from Oct 9
1943 to May 13 1943
that I last saw her alive on May 11 1943
and that death occurred on the date and hour stated above.

4. Sex Female / race White
5. Color or race White
6. (a) Single, widowed, married, divorced married
7. Name of husband or wife J. H. Mahan
8. (c) Age of husband or wife if alive 73 years
9. Birth date of deceased July 15 1970
(Month) (Day) (Year)

Immediate cause of death Heart Block
Due to Arterial fibrillation
Due to _____

8. AGE: Years 73 Months 10 Days 28
If less than one day _____ hr. _____ min.

Other conditions Tumorous growth
(Include pregnancy within 3 months of death)
in abdomen

9. Birthplace Mannouth Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation house wife

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Hiram Sanders
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Medlock
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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?
(Specify type of place)
While at work? _____ (c) Means of injury 2

16. (a) Informant Oliver C. Zipes
(b) Address Pontiac Mo
17. (a) Burial (b) Date thereof May 16 1943
(burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pontiac cemetery

23. Signature M. J. Hoerman (M. D. or other) MD
Address Sandersville Mo Date signed 5/16/43

18. (a) Signature of funeral director Arthur James
(b) Address Sandersville Mo
19. (a) 3-18-43 (b) Mary J. Johnson
(Date received by registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 644-698

Date Filed JUN 7 1944

OPPE

802

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

Louise L. Hall

Licensed Embalmer No.

2784

P. O. Address

Wainville

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.

7-21-44

Registration District No. *263* Primary Registration District No. *5890* Registrar's No. *3*

1. PLACE OF DEATH:
(a) County *Gauley*
(b) City or town *Rural Postoffice*
(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 _____ years, months or days

3. (a) PRINT FULL NAME *Ellen K. Mahan*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *W*
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years *73* Months *10* Days _____ min. (less than one day)

9. Birthplace _____ (City, town, or county) (State or foreign country) *No.*

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* year *1943* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I saw him _____ and that death occurred on the date and hour stated above. Immediate cause of death *Heart Block*

Due to *irregular fibrillation* 3 yr.
Due to _____

Other conditions *tumorous growth in abdomen.*
(Include pregnancy within 3 months of death)

Major findings: *Malignant lower respiratory tract neoplasm unknown*
Of operations _____ (Specify type of place)
Underline the cause to which death should be charged statistically.

22. If death was due to external causes (such as the following):
(a) Accident, suicide, or homicide (Specify type of place)
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, industrial place, in public place? _____

23. Signature *H. J. Baerman, M.D.* (M. D. or other) _____
Address _____ Date signed *4/23/44*

SUPPLEMENTARY

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

MOTHER FATHER

11-1

18798