

FILED SEP 12 1944

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **261**

14
1
2

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

1. PLACE OF DEATH

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 21
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution approx 4 1/2 d
(Specify whether years, months or days)

In this community gas
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 14

(c) City or town Wellston
(If outside city or town limits, write "RURAL") 2

(d) Street No. 6344 Eastern
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-20-1943 to 8-13-1944

that I last saw her alive on 5-13 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John Smith 6. (c) Age of husband or wife if alive 51 1/2 years

7. Birth date of deceased: Sep. 21 1874
(Month) (Day) (Year)

Immediate cause of death. Acute Myocarditis

8. AGE: Years 69 Months 10 Days 24
If less than one day hr. min.

Due to Chronic Myocarditis

9. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

Due to 93d

10. Usual occupation Laundress

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name Hy Hutchinson

Of autopsy _____

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

14. Maiden name St.

(a) Accident, suicide, or homicide (specify) _____

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

(b) Date of occurrence _____

16. (a) Informant Neard

(c) Where did injury occur? _____
(City or town) (County) (State)

17. (a) Burial (b) Date thereof 8-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Memorial Park Cem

While at work? _____ (Specify type of place)

18. (a) Signature of funeral director Geo. L. Pleitach Inc

(e) Means of injury _____

(b) Address 5946 Leasing Ave St. Louis Mo

Signature R. E. Sherrill (M. D. or other)

19. (a) 8-14-1944 (b) Joseph M. Morschhoff
(Date received local registrar) (Registrar's signature)

Address Fulton Mo Date signed 8/14/44

1141

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-9-44.....

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..... *Leonard W. Kraeger*.....

Licensed Embalmer No. 2678.....

P. O. Address..... *St. Louis 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.