

FILED SEP 9 1944
Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County... Marion

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

(c) Name of hospital or institution: 123 W. New
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 30 years
(Specify whether years, months or days)

In this community... 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Marion

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

(d) Street No... 123 W. New
(If rural, give location)

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

If yes, name country... 0

3. (a) PRINT FULL NAME Mary Elizabeth Dietle

3. (b) If veteran, name war... No

3. (c) Social Security No... No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 19 1944 to Aug 19 1944

that I last saw her alive on Aug 19 and that death occurred on the date and hour stated above. 1944

Immediate cause of death... Chronic Myocarditis Duration 3-4 yr

4. Sex Female / Color or race White

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

6. (c) Age of husband or wife if alive... years 21 years 1860

7. Birth date of deceased... March 21 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 4 28 hr. min.

9. Birthplace... Warsaw Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation... At home

11. Industry or business...

MOTHER FATHER

12. Name... No record

13. Birthplace... No record 9
(City, town, or county) (State or foreign country)

14. Maiden name... No record

15. Birthplace... No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant... Louis Hurley

(b) Address... Quincy, Ill.

17. (a) Burial (b) Date thereof... 8/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Greenwood Cemetery

18. (a) Signature of funeral director... Lewis Brown

(b) Address... Palmyra, Mo.

19. (a) 8/21/44 (b) Marquet Maddox
(Date received local Registrar) (Registrar's signature)

Due to.....

Due to.....

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.....

23. Signature... J. C. Roller (M. D. or other)

Address... Palmyra Mo. Date signed... 8/21/44

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 Robert Lewis

Licensed Embalmer No. 2382

P. O. Address.....

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.