

No. 2
4-542
5-17-39
X32873

FILED SEP 6 1944

State File No. _____

Registration District No. 280

Primary Registration District No. 5960

Registrar's No. 18

1. PLACE OF DEATH:
 (a) County Platte County
 (b) City or town Dearborn Missouri Rural
 (c) Name of hospital or institution None
 (d) Length of stay: In hospital or institution none
 In this community 80 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Dearborn No. Rural
 (d) Street No. _____
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Flora Maget
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month AUG day 14
 year 1944 hour 1 minute 50 A. M.
 21. I hereby certify that I attended the deceased from Jan 1
1944 to Aug 14 1944
 that I last saw her alive on July 20
 and that death occurred on the date and hour stated above.

4. Sex female / Color or race white
 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Nov. 23 1863

Immediate cause of death Myocarditis
 Duration 3 weeks

8. AGE: Years 80 Months 8 Days 21
 If less than one day _____ hr. _____ min.

Due to Asymptotia
 Due to _____

9. Birthplace Platte Co. Missouri

Other conditions 9321
 (Include pregnancy within 3 months of death)

10. Usual occupation House Keeping

11. Industry or business _____

Major findings: Of operations None
 Of autopsy no
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name Ezekiel Downing

13. Birthplace Pennsylvania

14. Maiden name Rebecca Litzenberg

15. Birthplace Pennsylvania

16. (a) Informant L. M. Maget

(b) Address Dearborn Missouri

17. (a) Burial (b) Date thereof 8/16/1944

(c) Place: burial or cremation Judy Cemetery

18. (a) Signature of funeral director Lillian Sam

(b) Address Dearborn Missouri

19. (a) 8/15/1944 (b) Mrs. Clay K. Hefner

22. If death was due to external causes, fill in the following:
 (a) Accident; suicide; or homicide, (specify) no
 (b) Date of occurrence no
 (c) Where did injury occur? Home
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (Specify type of place) Means of injury None
 23. Signature M. H. Moore (M. D. or other)
 Address Dearborn Mo Date signed 8/14/44

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

003

1209

RECEIVED

District Health Officer No.
District File Number
Date Filed.....

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 *Rebecca Davis*

Licensed Embalmer No. *4160*

P. O. Address *Dearbon 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.