

Registration District No. 324

Primary Registration District No. 3072

1. PLACE OF DEATH:

(a) County Saline
(b) City or town marshel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline
(c) City or town Waverly
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ALBERTA MAYDEN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Claude W. Mayden 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased aug - 24 - 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George L Loney

13. Birthplace Union Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha J Christy

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

16. (a) Informant Claude W Mayden

(b) Address Waverly mo

17. (a) Burial (b) Date thereof 8-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly mo

18. (a) Signature of funeral director Harry Herselberger

(b) Address marshel mo

19. (a) 8/9/44 (b) Mrs T O Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 9 year 1944 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 1-44 to Aug 9 1944 that I last saw her alive on Aug 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to Intestinal obvelation

Due to _____

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

Major findings: Of operations 108

Of autopsy _____

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 John R. Kessler (M. D. or Other) _____

Address Marshel, Mo Date signed Aug 9 44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1215

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-12-44

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 Harry Heishberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.