

FILED NOV 28 1944

Registration District No. _____

Primary Registration District No. 5842

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca Rural Dayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: July 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 71 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 13
(c) City or town Seneca Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Ellen Giett

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James M. Giett 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb. 4 - 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>28</u>	hr. min.

9. Birthplace Newton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Milans A. Gilman
13. Birthplace We. Main Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wainey
15. Birthplace Nowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hazel Crawford
(b) Address Seneca Mo. R. 2

17. (a) Burial (b) Date thereof 10-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hornet Cemetery

18. (a) Signature of funeral director Bill Bergart
(b) Address Seneca Mo.

19. (a) Oct. 25th (b) Nettie Norris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1944 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept 20 to Oct. 2, 1944
that I last saw her alive on Oct 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 M. A. Mueller (M. or other) _____
Address Seneca Mo Date signed 10-3-44

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

13003

RECEIVED NOV 6 1944
District Health Officer No. _____
District File Number 1844-2/6
Date Filed NOV 6 1944

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 W. W. Buzard
Licensed Embalmer No. 2334
P. O. Address Seneca, 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.