

FILED NOV 22 1944

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 353

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 #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9yo - 14dgs
(Specify, whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion 14

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

(d) Street No. 2830 Market
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAUD STORIE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife fred. B 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 9 (Month) 16 (Day) 1886 (Year)

8. AGE: Years 58 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name D.K.

13. Birthplace D.K. (City, town, or county) (State or foreign country)

14. Maiden name D.K.

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

16. (a) Informant St. Mary's Records

(b) Address Fulton, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 24 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal Mo

18. (a) Signature of funeral director Walls & Co Funeral Home

(b) Address Fulton Mo.

19. (a) 10-24-1944 (Date received local registrar) (b) Josie Merrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1944 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from Sept 1 1942 to Oct 24 1944

that I last saw her alive on Oct 24 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Status epilepticus Duration 36 hrs.

Due to Idiopathic epilepsy 20 yrs

Due to _____

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

Major findings: Of operations 85

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 D

23. Signature John J. Blasko MD (M. D. or other) Address Fulton, Mo. Date signed 10/24/44

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

14

MOTHER FATHER

117

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 11-17-44

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 Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Hutton 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.