

FILED DEC 13 1944
Registration District No. 3053

Primary Registration District No. 3053

Registrar's No. 132

1. PLACE OF DEATH: Phelps
 (a) County _____
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nellie McFarland Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Oct-31-Nov 6 1944
 years, months or days)

3. (a) PRINT FULL NAME Mary Ann Jost
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F! 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 1867
 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name Elizabeth Farnhart
 15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant E. J. Schnur
 (b) Address St. Louis, MO

17. (a) Removal (b) Date thereof 11-6-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, MO

18. (a) Signature of funeral director Alfred J. Smith
 (b) Address Rolla, Mo

19. (a) 11/6/44 (b) Edna Keenan
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Phelps
 (c) City or town Rolla (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th
 year 1944 hour 3 minute Q. M.
 21. I hereby certify that I attended the deceased from Oct. 31, 1944 to Nov. 6, 1944
 that I last saw her alive on Nov. 6, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis Duration _____

Due to Contributing cause: Interstitial nephritis
 Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: 121a

Of operations _____
 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 Edna Keenan
 Address Rolla, Mo Date signed 11/6/44

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

1092

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

J. H. Luccaw

Licensed Embalmer No.

3643

P. O. Address

Cuba, 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.