

FILED DEC 29 1944
Registration District No. 274

Primary Registration District No. 4407

Registrar's No. 384

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town La Monte Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 75 Years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Mary V. Wimer

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

4. Sex 1 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 4 years 1853

7. Birth date of deceased June (Month) 4 (Day) 1853 (Year)

8. AGE: Years 91 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business Robert Craighead

12. Name Robert Craighead

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

14. Maiden name Rancy Hughes

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

16. (a) Informant K.S. Wimer

(b) Address La Monte Mo.

17. (a) Burial (b) Date thereof 12-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

19. (a) 12-6-44 (b) Mrs Anna Berge (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town La Monte Mo (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 Dec day 5 year 1944 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 10 19 44 to Dec 5 19 44
that I last saw him alive on Dec 5 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 5 mo

Due to Age 91

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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)

(c) Means of injury

23. Signature W.E. Walker (M.D. or other) M.D.

Address La Monte Mo Date signed 12-6-44

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

1945

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 A. J. Carr

Licensed Embalmer No. 1592

P. O. Address Le Monnier

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.