

No. 2
4-2-43
5-17-39
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State File No. _____

FILED FEB 6 1945

252

Primary Registration District No. 5877

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Alton Piney Twsp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Alton (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann German

3. (b) If veteran, name war _____ 3. (c) Social Security No. 478-24-9542

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

6. (b) Name of husband or wife Fred A. German 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Sept. 10 1922
(Month) (Day) (Year)

8. AGE: Years 22 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Campbell

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

14. Maiden name Ada Dotson

15. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Campbell

(b) Address Alton, Mo. Route 3

17. (a) Burial (b) Date thereof 1/5-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huddleston Cem.

18. (a) Signature of funeral director Res. Darr

(b) Address Thayer

19. (a) 1/10-1945 (b) Henry M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1944 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 30 1944 to only 1944;
that I last saw h. _____ alive on _____ 1944;
and that death occurred on the _____ date and hour stated above.

Immediate cause of death Septicemia Duration _____
infection of focal source
and general atelectasis
Due to Septicemia 1944
minutes.

Other conditions _____ (Include pregnancy within 3 months of death) 104

Major findings: Of operations none performed PHYSICIAN _____
Of autopsy none 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? _____

(Specify type of place) _____
While at work (c) Means of injury _____

23. Signature Walter Blaine (M. D. or other) _____
Address Man Spg Ark Date signed 1-7-45

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

APR 4 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 255

Primary Registration District No. 5877

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town _____
(c) Name of hospital or institution: at Hazelwood Conv. Hall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary Ann German
3. (b) If veteran, name war 1 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 10
(Month) (Day) (Year)

8. AGE: Years 22 Months 3 Days _____ Unless than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

2984