

FILED APR 13 1945

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mrs Fay Stearn Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller Co

(c) City or town Eldon 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary K Dunbar

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1945 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Jan 28 1945 to Feb 13 1945
that I last saw her alive on Feb 12 1945
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Jake McNeil

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive heart disease

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 80 Months 10 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace Crest Hill Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Foster

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name near Machie

15. Birthplace near Morrisville W Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Fay Stearn

(b) Address Eldon, Mo

17. (a) Burial (b) Date thereof 2/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Linn Creek Cem, Bankston Woolery

18. (a) Signature of funeral director Edmund J. Speer

(b) Address 3-7-45

19. (a) 3-7-45 (b) Edmund J. Speer
(Date received local registrar) (Registrar's signature)

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 Edmund J. Speer (M. D. or other) _____
Address Eldon, Mo. Date signed 2/13/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
1
1

RECEIVED

Miller County Health Dep't

County File Number 45-32

Date Filed 4-5-45

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. P. Banks - Woolery

Licensed Embalmer No. 2488

P. O. Address Candenton, 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.