

Registration District No. 107 Primary Registration District No. 3019

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Keosauqua
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Keosauqua, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 300 East 6th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Sarah Settlemair
3. (b) If veteran, name war
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6
year 1945 hour 10:35 minute A.M.
21. I hereby certify that I attended the deceased from December
second 1945 to June 6 1945
that I last saw her alive on June 6 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 Single
6. (b) Name of husband or wife A. F. Settlemair
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased May 20 1874
(Month) (Day) (Year)

Immediate cause of death Pulmonary embolism Duration 3 or 4 hrs.

8. AGE: Years 71 Months 0 Days 17
If less than one day hr. min.

Due to Chronic phlebitis of right iliac vein 30 years
Due to Pelvic inflammation which recurred approximately 40 years
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Home

11. Industry or business Home

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

Major findings:
Of operations
Of autopsy 100%
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant William Settlemair
(b) Address 807 2nd Street

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? (e) Means of injury

17. (a) Burial (b) Date thereof June 7-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Paul Salmon
(b) Address Keosauqua, Mo.

23. Signature Glean H. Christensen (M. D. or other) P.O.
Address Keosauqua, Missouri Date signed 6-6-45

19. (a) 6-25-45 (b) Johna Blanchenship
(Date received local registrar) (Registrar's signature)

701

RECEIVED

District Health Office No. 2,

District File Number 745-926

Date Filed 7-6-45

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 *J. Balmer*

Licensed Embalmer No. 2556

P. O. Address *Fennitt, 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.