

FILED SEP 12 1945

Registration District No. **7**

Primary Registration District No. **3008**

Registrar's No. **269**

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

1. PLACE OF DEATH: **CALLAWAY**
 (a) County **FULTON**
 (b) City or town **FULTON**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8 W. 7TH ST. 1
 (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 **ALMETA MAERZ**
 3. (b) If veteran, name war
 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **ANDREW MAERZ**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **SEPT. 2, 1863**
 (Month) (Day) (Year)

8. AGE: Years **81** Months **11** Days **24**
 If less than one day _____ hr. _____ min.

9. Birthplace **BERRY** **MO**
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Robt. SIMS**
 13. Birthplace **TENN**
 (City, town, or county) (State or foreign country)
 14. Maiden name **ELVIRA DAY**
 15. Birthplace **CALLAWAY Co. MO**
 (City, town, or county) (State or foreign country)

16. (a) Informant **MRS RUFUS PAYNE**
 (b) Address **FULTON MO.**

17. (a) **BURIAL** (b) Date thereof **AUG. 28, 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HILL-CREST FULTON**

18. (a) Signature of funeral director **Glen Y. Manspin**
 (b) Address **712 Court St. Fulton, Mo.**

19. (a) **8-28-1945** (b) **Jesse Morandoff**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Callaway**
 (c) City or town **Fulton, Mo. 1st**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **8 W. 7TH ST. 1**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **26**
 year **1945** hour **9** minute **9** P.M.

21. I hereby certify that I ~~autopsied~~ **called** **after death** **of deceased**
 that last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death **found that she died suddenly. she was afflicted with Cor. Ar. D. in a form which caused her death.**
 Due to _____

Other conditions **Senile**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **90**

PHYSICIAN

 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? _____ (Specify type of place)
 (e) Means of injury **Coronary**

23. Signature **Mrs. Garnett** (M., D. or other) **Coronary**
 Address **Fulton, Mo.** Date signed **8-26-45**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-11-45

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 Glen Y. Marpin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.