

FILED NOV 13 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 3011

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Staten Clinic, 215 South Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Donna Joan Petty

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

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

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

7. Birth date of deceased Sept. 29 1945
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Harvey Petty
13. Birthplace Lafayette Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Grace Lee Fry
15. Birthplace Princeton, Md.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Petty

(b) Address Waverly, Mo. Box 441

17. (a) Burial (b) Date thereof 9-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Cemetery

18. (a) Signature of funeral director Marshall

(b) Address Carrollton Mo.

19. (a) 9/30/45 (b) Don Herbert Calvert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Waverly
(If outside city or town limit, write "RURAL")
(d) Street No. Box 441
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 29
1945 to Sept. 29, 1945
that I last saw her alive on Sept. 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth Duration 7 hrs.

Due to: Lifting & work

Due to: _____

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

Major findings: _____
Of operations: _____
Of autopsy: _____
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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) _____
(a) Means of injury _____

23. Signature J. Hamilton (M.D. or other) _____
Address Carrollton Mo. Date signed Sept 29 1945

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

11-12-48

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 myself

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

P. M. Marshall

Licensed Embalmer No. 3525

P. O. Address Carrollton 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, above space should be left blank.