

FILED DEC 15 1945

Registration District No. 21.6

Primary Registration District No. 4536

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Petati
(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

3. (a) PRINT FULL NAME

Mary Jane Wislon

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex F

5. Color or race W

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

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

7. Birth date of deceased Aug 26 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

MOTHER FATHER

11. Industry or business _____
12. Name William Leftorice

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

14. Maiden name Marion L. Farmer

15. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Dedue

(b) Address Petati Mo.

17. (a) Burial (b) Date thereof Nov. 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Petati Mo.

18. (a) Signature of funeral director Archie Sparks

(b) Address Petati Mo.

19. (a) Nov 15 45 (b) Mrs. G. Amure
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Petati
(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 Nov day 12
year 1945 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from Nov 10
_____, 19____, to _____, 19____,
that I last saw him alive on Nov 11
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of kidneys and bladder following Cervical carcinoma of uterus
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy 488

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 _____

23. Signature H. F. Creswell (M. D.)
Address Petati Mo. Date signed 11/13/45

1501

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

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

Murphy L Spauls

Licensed Embalmer No. *4256*

P. O. Address

Flat River, 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.