

1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 114

Primary Registration District No. 5432

Registrar's No. 49

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

1. PLACE OF DEATH: Franklin
 (a) County: Franklin
 (b) City or town: Stanton, Rural *Meramec*
 (c) Name of hospital or institution: Miller's Home for Aged *5*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: Miller's Home
 In this community: one month (Specify whether years, months or days)

3. (a) PRINT FULL NAME: MARY ALICE REAGAN

3. (b) If veteran, name war: NO 3. (c) Social Security No.: NONE

4. Sex: Female / 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

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

7. Birth date of deceased: April 11 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>			hr. _____ min.

9. Birthplace: Unknown 7
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

12. Name: George L. Walker 1

13. Birthplace: New York 1
(City, town, or county) (State or foreign country)

14. Maiden name: Marion Sanford

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Robert Miller 1

(b) Address: Stanton, Missouri.

17. (a) Burial (b) Date thereof: Dec. 27, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lebanon, Missouri.

18. (a) Signature of funeral director: Pho. P. Stoffer
Sullivan, Missouri.

(b) Address: _____

19. (a) 12-21-46 (b) [Signature]
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Franklin 36
 (c) City or town: Stanton, Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No.: _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1945. hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from 12-22, 1945, to 12-24, 1945, that I last saw her alive on 12-24, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction 144

Due to: _____

Due to: _____

Other conditions: upper respiratory infection 4/25/46
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: 930

Duration

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: E. D. Prater (M. D. or other) M.D.

Address: Sullivan, Mo. Date signed: 12/25/45

1447

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-2-46

JAN 21 1946

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

Edgar W. Paffoon

Licensed Embalmer No.

3394

P. O. Address

Sullivan 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.