

Registration District No. 291

Primary Registration District No. 5997

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. R. # 4 - near Oakwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 years (years, months or days)

3. (a) PRINT FULL NAME Mary Mildred Treaster

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 divorced
6. (b) Name of husband or wife Wilson Treaster 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased March 13 1915
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation shoemaker

11. Industry or business International Shoe Co.

12. Name Owen F. Noel

13. Birthplace Boone county Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Effie McElish

15. Birthplace Rackport Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Owen Noel

(b) Address R. R. # 4, Hannibal, Mo.

17. (a) Burial (b) Date thereof Feb. 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Alvin cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 100 Broadway, Hannibal, Mo.

19. (a) 2-5-46 (b) W. H. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 4, near Oakwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1946 hour 4 minute 05 A. M.

21. I hereby certify that I attended the deceased from Feb 1 1946 to Feb 1 1946
that I last saw her alive on Feb 1 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary tuberculosis
Duration 2 yrs

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy 135

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 W. P. Birney (M. D. or other) THX

Address Hannibal MO Date signed 2-2-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.