

STANDARD CERTIFICATE OF DEATH

State File No. 14131

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(c) Name of hospital or institution: Waynesville General Hospital
(d) Length of stay: In hospital or institution 1 week
In this community 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Big Piney
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Ellen Ichord

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 Wm. Dewitt Ichord
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased June 10 1864

8. AGE: Years 81 Months 10 Days 9
If less than one day hr. min.

9. Birthplace Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Harmon
13. Birthplace Indiana
14. Maiden name Huffman
15. Birthplace Germany

16. (a) Informant John Ichord
(b) Address Waynesville, Missouri

17. (a) Burial (b) Date thereof 4-21-46
(c) Place: burial or cremation Big Piney, Mo.

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker Mo.

19. (a) 4-26-46 (b) Louise B. McClintock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1946 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 30 1944
to April 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, bronchial

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Years of injury

23. Signature G. Maltz (M. D. or other)
Address Crocker Mo. Date signed 4-26-46

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

MOTHER FATHER

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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

Paul B. Cooper

Licensed Embalmer No. *3261*

P. O. Address *Greenville, N.C.*

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.