

U.S. No. 2
OM-5-43
Rev. 5-17-39
X3687

FILED AUG 12 1946

Registration District No. **241**

Primary Registration District No. **4360**

Registrar's No. **23**

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville
(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 35 years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME May Jean Styer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Charles Styer 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 11 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 29 If less than one day hr. 0 min. 1

9. Birthplace Bladensburg Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Guard Upham

13. Birthplace Bladensburg Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Quinn

15. Birthplace Bladensburg Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Max Adolph Styer

(b) Address Houston, Mo

17. (a) Burial (b) Date thereof July 11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director W. F. Styer

(b) Address Portageville, Mo

19. (a) 7-10-46 (b) Ellen DeLula
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Portageville 6
(If outside city or town limits, write "RURAL")

(d) Street No. 7
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1946 hour 60 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 15
1946 to July 10 1946
that I last saw her alive on July 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Cardiovascular renal disease

Due to Hypertension

Other conditions 131w
(Include pregnancy within 3 months of death)

Major findings: None performed

Of operations _____

Of autopsy No autopsy

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? _____

23. Signature Park C. Mullen (M. D. or other) MD.
Address Box 56 Portageville, Mo. Date signed 7/10/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

NOV 4 1949

RECEIVED

District Health Office No. 2,

District File Number 846-964

Date Filed 8-9-46

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 4336

P. O. Address Portageville 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.