

FILED SEP 14 1946

Registration District No.

Primary Registration District No.

Registrar's No.

34

1. PLACE OF DEATH:

- (a) County North
(b) City or town Atchison Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. 14 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Francis Job

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Marion W. Job 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 23 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Over Co. Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William F. Smith

13. Birthplace Atchison Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Winter

15. Birthplace Atchison Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Clayton Craft

- (b) Address Atchison Mo

17. (a) Burial (b) Date thereof 8-22-46 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Graves Glen

18. (a) Signature of funeral director Frank B. Matheson

- (b) Address Grant City, Mo.

19. (a) August 26/46 (b) Letta B. Lawrence (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County North
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Grant city, Mo. (If rural, give location)

- (e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20 year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 120 August to 20 Aug, 19 46 that I last saw him alive on 18th Aug, 19 46 and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary Vascular Hypertensive Disease Duration 3 yrs

- Due to

- Due to

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

- Major findings: Of operations

- Of 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?

- While at work? (Specify type of place) (e) Means of injury

23. Signature Frank B. Matheson (D. or other)

- Address Grant City Date signed 22 Aug 46

DEC 10 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....
Arch C. Dumble

Licensed Embalmer No. *3252*

P. O. Address *Grant City*

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.