

FILED NOV 14 1946

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 78

1. PLACE OF DEATH:

(a) County DENT
(b) City or town SALEM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 7 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT **33**
(c) City or town SALEM **1**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) **1**
(e) Citizen of foreign country? NO (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME PATRICIA ANN MEDLEY

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. 5 **0**

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

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

8. AGE: Years Months Days If less than one day
— 7 6 hr. min.

9. Birthplace SALEM MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name EARL MEDLEY

13. Birthplace REYNOLDS CO. MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name BERTHA MASON

15. Birthplace CRAWFORD CO. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Mason Medley

(b) Address SALEM, MISSOURI

17. (a) BURIAL (b) Date thereof 10/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COR. CREEK, CEM.

18. (a) Signature of funeral director W. K. Spencer

(b) Address SALEM, MISSOURI

19. (a) 10-28-46 (b) M. D. Hart, M. D. City Reg.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1946 hour 9:35 minute A M.

21. I hereby certify that I attended the deceased from July 16, 1946 to Oct 23, 1946
that I last saw him alive on Oct 23, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Zetal Marasmus Duration 3 mo

Due to never developed from Birth

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

Major findings: Of operations Of autopsy NO **58**

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) Means of injury _____
23. Signature W. G. Dillan (M. D. or other) **0**
Address Salem MO Date signed Oct 28, 1946

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 1146609

Date Filed 11-13-44

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, on.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Missouri

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.