

Primary Registration District No. 5697

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural Rich Hill Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Carrie A. Mammen

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 Married
6. (b) Name of husband or wife George Mammen 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec 4, 1890
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace Endicott Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name John H. Green
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Martha Miller
15. Birthplace Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Mammen
(b) Address Chillicothe, Mo

17. (a) Burial (b) Date thereof 12/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Dorcas H. Gordon
(b) Address Chillicothe, Mo

19. (a) Dec 27, 46 (b) Francis B. Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1946 hour 7 minute 35 A.M.
21. I hereby certify that I attended the deceased from July 12, 1946
1946, to Dec 18, 1946
that I last saw her alive on Dec 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of femur.
Duration _____

Due to _____
Due to _____

Other conditions 55B
(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? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature D.M. Drury (M. D. or other) _____
Address Chillicothe MO Date signed 12/27/46

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

DEC 15 1959

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.....

Wayne Rollins

Licensed Embalmer No.

1164

P. O. Address.....

Chillicothe

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.