

FREED JAN 7 1947

Registration District No. 349

Primary Registration District No. 4514

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Green City
(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 _____ (Specify whether
In this community most of his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Green City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY LOU PAGE

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 Hugh 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 3 12 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 26
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1935, 19 _____ to Dec 26, 1946
and that I last saw him alive on Dec 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart Duration _____

8. AGE: Years 79 Months 9 Days 14 If less than one day hr. _____ min.

9. Birthplace Monroe Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mark Bartley

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

14. Maiden name Martha Jane Fashner

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

16. (a) Informant Edua Blattel
(b) Address Wellsville, Mo.

17. (a) Burial (b) Date thereof 12-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Glenn E. Kent & Son
(b) Address Green City, Mo.

19. (a) 12-30-1946 (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 12D

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 M. Huntington MD (M. D. or other)
Address Green City Mo Date signed 12-28-46

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

MOTHER FATHER

319

RECEIVED
District Health Officer No. 10
District File Number 47-23
Date Filed JAN - 6 1947

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 Archib W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.