

FILED MAR 31 1947

Registration District No. 207

Primary Registration District No. 4318

Registrar's No. 15

1. PLACE OF DEATH:

(a) County. Maries

(b) City or town. Vienna, Mo.
(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. Sixty Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Maries 63

(c) City or town. Vienna, Mo.
(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 Lue Dambach

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1 1947
year 1947 hour 1 minute 30 A.M.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased. April 20, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 6 1943 to February 24, 1947
that I last saw her alive on February 24, 1947; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>10</u> hr. min.

Immediate cause of death. Coronary thrombosis 1 day

Due to Hypertension 10 Yrs.

9. Birthplace. Terre Haute Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation. Merchant

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

11. Industry or business.

MOTHER FATHER { 12. Name. Elizha Laney

{ 13. Birthplace. unknown 7
(City, town, or county) (State or foreign country)

{ 14. Maiden name. unknown

{ 15. Birthplace. unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: 94A
Of operations.

Of autopsy.

Underline the cause to which death should be charged statistically.

16. (a) Informant. Mrs Joe Blackwell
(b) Address. Dixon, Mo.

17. (a) Burial (b) Date thereof. 3-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Vienna Mo.

18. (a) Signature of funeral director. [Signature]
(b) Address. Vienna Mo.

19. (a) 3-15-47 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

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 2

23. Signature. [Signature] (M. D. or other) D.O.
Address. Vienna, Missouri Date signed 3/17/47

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/28/47

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

McBrimmon

Licensed Embalmer No.

3664

P. O. Address

Winnipeg 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.