

FILED APR 8 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 5028

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs
In this community 6 mo.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(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 ANNA MARIE MATHER

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

4. Sex Female / male 5. Color or race white 6. (a) Single, widowed, married, divorced, infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 12 1946
(Month) (Day) (Year)

8. AGE: Years ** Months 9 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Norton Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Erwin Eldon Mather
13. Birthplace Tarkio Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Edith Marie Marshall
15. Birthplace Maloy Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant E.E. Mather
(b) Address Tarkio, Missouri

17. (a) burial (b) Date thereof 3/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) 3/27/47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 22
year 1947 hour 5 minute 35 p.m.

21. I hereby certify that I attended the deceased from march 22 4:30pm 1947 to march 22 1947
that I last saw her alive on march 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apparently typhoid from dehydration
Due to _____
Due to _____

Other conditions acute gastroenteritis
(Include pregnancy within 5 months of death)

Major findings: Of operations _____
Of autopsy 119A

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 W.C. Baumgardner M. D. or D.O. W.C.
Address Maryville, Mo. Date signed 3/25/47

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

DISTRICT HEALTH DEPT
COLUMBIA, 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.....

Geo. M. Davis

Licensed Embalmer No. 2394

P. O. Address.....Tarkio, 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.