S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1947

Registration District No. 198

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4310

State File No. 24783

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Bevier
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Macon 61
(c) City or town Bevier 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary M. Hoerner

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 Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 2 (Month) 20 (Day) 1867 (Year)

8. AGE: Years 80 Months 5 Days 15 If less than one day br. min.

9. Birthplace Mendota (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Ehler
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Slydia Hoerner
(b) Address Bevier Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Staten Mo

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

19. (a) Aug. 5 (Date received local registrar) (b) Josephine King (Registrar's signature) 185

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1947 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 15 1947 to Aug 4 1947 that I last saw her alive on Aug 4 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolism	3 days
Due to Arteriosclerosis	
and	
Due to Prolonged Bed rest.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 A. L. Durden (M. D. or other) D.O.
Address Macon Date signed 8/5/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-47-104
Date Filed AUG 11 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 [illegible] Edwards

Licensed Embalmer No. 1961

P. O. Address [illegible]

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.