

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 35

1. PLACE OF DEATH:

(a) County West Plains, Mo
(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell
(c) City or town West Plains Mo
(If outside city or town limits, write "RURAL")
(d) Street No. S. 7th
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Jane Deast

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

4. Sex 7 / 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife J. M. Deast 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 23 - 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Any Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business.....

12. Name Wm Carell

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

14. Maiden name Margie Sharp

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

16. (a) Informant Betty Mack

(b) Address West Plains Mo

17. (a) 13 (b) Date thereof 9-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ron

18. (a) Signature of funeral director Robt. Tom

(b) Address West Plains Mo

19. (a) Oct 6 - 1947 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1947 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from 9-6-47 to 9-8 1947
that I last saw her alive on 9-6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Rheumatic

Due to Senility

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 938

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 Virgil O. Barley (M. D. or other) D.O.
Address Box 191 West Plains Mo Date signed 9/19/47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Barley

RECEIVED

Dis. Officer No. 5,

District 10475-98

Date Filed 10-30-47

RZD

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.....

Robert J. Drago

Registered Apprentice No. 432

working under my personal supervision.

Signed *A. D. Roberts*

Licensed Embalmer No. 3432

P. O. Address *West Plains, 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.