

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Marionville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113

(c) City or town Grant City Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. West of Grant City 4 mile
(If Rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miriam Gondusky

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1947 hour 3.45 minute P M.

21. I hereby certify that I attended the deceased from Oct 9 1947 to Oct 13 1947
that I last saw him alive on Oct 13 1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 27 years (Day) (Year)

7. Birth date of deceased: 4 (Month) 27 (Day) 1883 (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 mo

Due to general arteriosclerosis

Due to _____

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

8. AGE: Years Months Days If less than one day

64 5 6 hr. min.

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

10. Usual occupation Housekeeper

Major findings: Of operations 83A

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John Gondusky

(b) Address Grant City Mo

17. (a) Removed (b) Date thereof Oct 13 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highway 2 miles

18. (a) Signature of funeral director John Andrews

(b) Address Grant City Mo

19. (a) Oct 15 47 (b) Best Holt
(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 0

23. Signature A Blacmer (M. D. or other) _____
Address Marionville Date signed 10/13/47

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

DISTRICT HEALTH OFFICE
Cameron, 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.....

John Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*John Andrews*.....
Licensed Embalmer No. *4271*.....
P. O. Address.....*Grant 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.