

Registration District No. _____ Primary Registration District No. 4021 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Residence
(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) 54 years

In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Ladonia
(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 Martin W. Syler

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1948 hour 10:30 minute _____ P.M.

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

6. (b) Name of husband or wife Mary Jane Syler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 23 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 30, 1948, to Jan 30, 1948, that I last saw him alive on Jan 30, 1948, and that death occurred on the date and hour stated above.

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

90 9 8 _____ hr. _____ min.

Immediate cause of death Hypostatic Lobes
Pneumonia
Due to arterio sclerosis

Due to _____

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

9. Birthplace Montgomery County _____
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

Major findings: Of operations _____
Of autopsy 108

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

MOTHER FATHER

11. Industry or business _____

12. Name William Syler _____

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

14. Maiden name Margaret Vaughn _____

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

16. (a) Informant Mrs. P.L. Parrish
(b) Address Ladonia, Mo.

17. (a) Burial (b) Date thereof Feb 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia cemetery

18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address Perry Missouri

19. (a) 12-31-48 (b) Orville Kenney
(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W.K. McCall (M. D. or other) _____
Address Ladonia Mo Date signed 1-31-48

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

4
0
0

RECEIVED
District Health Officer No. 10
District File Number 2-48-222
Date FEB - 4 1948

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..... Clyde Wilkey
Licensed Embalmer No. 3829
P. O. Address..... Perry, 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.