No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3665

Registration District No. 332 Primary Registration District No. 4489 Registrar's No. 2

1. PLACE OF DEATH:

(a) County SCOTT
(b) City or town VANDUSER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10, MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SCOTT
(c) City or town VANDUSER
(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 LONIE M. MARS.
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 JUNE (Month) - 10 (Day) - 1876 (Year)

8. AGE: Years 71 Months 7 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace CAPE GIRARDEAU. Mo (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business HOME
FATHER
12. Name CONRAD STEHR
13. Birthplace SAXONY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARIE MARTINOSKY
15. Birthplace BOHEMIA. (City, town, or county) (State or foreign country)
16. (a) Informant MRS LORENE EDWARDS
(b) Address VANDUSER. Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation LORIMIER CEMETERY
18. (a) Signature of funeral director Walthers Funeral Home
(b) Address Cape Girardeau. Mo.
19. (a) Jan-17-48 (Date received local registrar) (b) A. Bryant (Registrar's signature) 202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 12.
year 1948 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 23, 1947 to Death, 19..; that I last saw her alive on 1-10-1948 and that death occurred on the date and hour stated above.

Immediate cause of death anaous ca
acinous Ca.
Due to Senility & arthritis & Cardiac insufficiency
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to 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? none (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 M. D. Mayfield (M. D. or other)
Address Vanduser Mo Date signed 1-15-48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 40-162
Date Filed 1-30-40

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 Richard O. Laird, Registered Apprentice No. 502, working under my personal supervision.

Signed Virgil W. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.