

FILED APR 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9636

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Peru

(b) City or town Steele rural

(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 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peru

(c) City or town Steele rural 78

(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 Rzelma Hawley

3. (b) If veteran, name war ✓

3. (c) Social Security No. 2

4. Sex FD 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov (Month) 18 (Day) 1902 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Drowned Duration _____

8. AGE: Years 45 Months 4 Days 15 If less than one day hr. _____ min. _____

Due to Car Running into overflow water

Due to _____

9. Birthplace Ornith (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housewife

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

Major findings: Of operations 1700 g

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Martindale

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

14. Maiden name Bell Peru

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant G. H. Martindale

(b) Address Steele, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4-3-48

(c) Where did injury occur? Peru (City or town) 78 (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road

18. (a) Signature of funeral director James German

(b) Address Steele Mo.

19. (a) 4-10-48 (Date received local registrar) (b) James German (Registrar's signature) 1100 (Address)

While at work? no (Specify type of place) (c) Means of injury 3

23. Signature Jack Kelly (M.D. or other) Coroner

Address Steele Mo Date signed 4-3-48

4-48-117

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.....

Licensed Embalmer No.....

P. O. Address.....

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.