

FILED JUL 16 1948

State File No.

Registration District No. 73

Primary Registration District No. 5342

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Dade
(b) City or town So. Greenfield Rural
(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 Life Long (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dade 29
(c) City or town Rural 3
(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 Mary Susan Preston

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 22 1856
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Dade Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name John Preston 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Elizabeth Hunt unknown 9
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Gleen Davidson
(b) Address So. Greenfield, Mo.
17. (a) Burial (b) Date thereof 7/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion
18. (a) Signature of funeral director W.R. Allison
(b) Address Greenfield, Mo.

19. (a) 7-1-48 (b) Geo R. Weir
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 48 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-20-1948 to 6-27-1948 that I last saw her alive on 6-27- and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Due to Senility

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

Major findings: Of operations 97
Of autopsy 1

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) _____ (c) Means of injury _____
23. Signature P. D. Combo (M. D. or other) _____
Address Lockwood Mo Date signed 6-29-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number 148-781
Date Filed JUL 15 1945

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.....

George W. Newcomb, Registered Apprentice No. 30
working under my personal supervision.

Signed W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Vt.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.