S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 251

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 30522

Registrar's No. 224

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1. PLACE OF DEATH:
(a) County: Nodoway
(b) City or town: Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospt# (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 4 months (4 mo)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MARY ELEANOR WIER
3. (b) If veteran, name war: none
3. (c) Social Security No.: 497-12-2334
4. Sex: female
5. Color or race: white
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: October (Month) 22, (Day) 1874 (Year)

8. AGE: Years 73 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace: Pacton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: retd nurse
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Wier
13. Birthplace: Penn (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Wright
15. Birthplace: Penn (City, town, or county) (State or foreign country)
16. (a) Informant: F.A. Wier
(b) Address: Rock Port, Missouri.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio Home Cemetery
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Tarkio, Missouri
19. (a) 9-9-48 (Date received local registrar) (b) Reso Bolin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1948 hour 6 minute 35 p.m.
21. I hereby certify that I attended the deceased from 8-4, 1948, to 8-9, 1948; that I last saw h. alive on 8-9, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	5 days
Due to: undetermined possibly tuberculous	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (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: N. C. Bauman (M. D. or Coroner)
Address: Maryville, Mo. Date signed 9/8/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1948

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

Signed John M. Harris

Licensed Embalmer No. 2394

P. O. Address Tarkio, Missouri.

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.