

FILED MAY 10 1944
Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 78

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Deepwater Mo
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY
(c) City or town Deepwater
(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 ANN DANSLAP

3. (b) If veteran, name war NO

3. (c) Social Security No. 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 March 5 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
98 | 1 | 14 | _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name Wilson Taylor
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Martha Clapsen
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Howard

(b) Address Deepwater Deepwater Mo

17. (a) Burial (b) Date thereof 9-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater Cem

18. (a) Signature of funeral director Jain Hual

(b) Address Deepwater Mo

19. (a) April 21, 1944 (b) Georgia Ritcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1944 hour 11 minute 59 A.M.

21. I hereby certify that I attended the deceased from April 16, 1944, to April 20, 1944
that I last saw her alive on April 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Myocarditis, Hypertensive, chronic
Due to Scurvy, Vitamin C Duration 72 hours

Due to _____

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

Major findings: Of operations 12/R
Of autopsy _____

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? _____ (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)
(e) Means of injury _____

23. Signature C.R. Darnold Jr (and or other) MO
Address Deepwater Mo Date signed 9-21-44

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

RECEIVED

District Health Officer No. 7,
District File Number 4-44-623
Date Filed 5-8-44

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..... *Tom Hucal*

Licensed Embalmer No. 2782

P. O. Address..... *Dequincy, 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.