

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 438

Primary Registration District No. 3028

State File No. _____

Registrar's No. 79

1. PLACE OF DEATH: 2

(a) County Madison

(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)

(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 _____
(Specify whether)

In this community Always
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Madison

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sallie Irene Villars 462

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~xxx~~ A.D. Villars 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 27 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Iron County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Austin DeGuire

13. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Slauss

15. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. P. M. Mearns

(b) Address Creve Coeur, Missouri

17. (a) Burial (b) Date thereof Oct 24, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation XXXXX Fredericktown

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown, Missouri

19. (a) Oct 22 - 1939 (b) C. C. Slaughter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21, 1939
year _____ hour 2:10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 14, 1939, to Oct 21, 1939;
that I last saw him alive on Oct 21, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Disease (Atherosclerosis)

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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. C. Slaughter (M. D. _____)

Address Fredericktown Date signed 10/28/39

Duration 7 days

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Stanley H. Dixon

Registered Apprentice No. *214*

working under my personal supervision.

Signed *William B. O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown 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, above space should be left blank.