

Registration District No. **225**

Primary Registration District No. **5306**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Cooper**
 (b) City or town **Rural Saline Twp**
 (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 **610**
 years, months or days

3. (a) PRINT FULL NAME **ELIZABETH OYLY**

3. (b) If veteran, name war _____ 3. (c) Social Security 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 **12 17 1855**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	2	16	hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER
 12. Name **Christian Mischler**
 18. Birthplace **Switzerland**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Magdalene Reussen**
 15. Birthplace **Switzerland**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Grace Summstone**
 (b) Address **Rossville Mo**

17. (a) **Rural** (b) Date thereof **3-5-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Pleasant Grove Methodist**

18. (a) Signature of funeral director **C. Albert Hornbeck**
 (b) Address **Prairie Home Mo**

19. (a) **Mar 9-40** (b) **Wm. Hoedler**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cooper**
 (c) City or town **Rural**
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **3**
 year **1940** hour **1** minute **30 P.M.**
 21. I hereby certify that I attended the deceased from **2-20**
 _____, 19**40**, to **3-2**, 19**40**
 that I last saw her alive on **2-20**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nutria
 disease of heart**
 Due to _____
 Due to **12h**

Duration
Unk

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

Major findings: _____
 Of operations _____
 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 **W. L. Meredith** (M. D. or other) _____
 Address **Prairie Home** Date signed **3/10/40**

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.

FORM 1 X1931

RECEIVED
STATEMENT WITH EXHIBIT No. 81
FILE NO. 04-3-40
Date Filed

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, above space should be left blank.