

17774

State File No.

Registration District No. 1384

Primary Registration District No. 5819

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Andrew County
(b) City or town Platte County
(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 _____
In this community 13 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Veale
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 20 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 -- II hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Samuel Veale
13. Birthplace Andrew County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Florence Ester Satter
15. Birthplace Clay Center Kan.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Veale
(b) Address Rea Mo.

17. (a) Burial (b) Date thereof 6 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo.

19. (a) June 1 - 1940 (b) Mrs E C Jefferson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Platte Township Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles S W Whitesville
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31st
year 1940 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
Dr. Boudry
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to _____
Due to _____

Other conditions (Include pregnancy within 9 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) Accident
(b) Date of occurrence May 31 1940
(c) Where did injury occur Whitesville Andrew Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Clay (Specify type of place) (e) Means of injury _____

23. Signature Chaffard L Steedly (A. S. G. Other)
Address San Antonio Date signed 6/1/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Andrew Colarone

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.

RECEIVED

District Health Officer No: 11ⁿ

District File Number 640-940

Date Filed JUN 1 1930

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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.