

Registration District No. 025-

Primary Registration District No. 3091

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Madaway  
(b) City or town Marquilly MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution;  
St. Anthonis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community 27 years in February  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry  
(c) City or town Southern  
(If outside city or town limits, write "RURAL")  
(d) Street No. N. Lombard St. 574 25  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Mrs Mary Napier

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex H

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband Alexander Napier

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov 15 1891  
(Month) (Day) (Year)

8. AGE:

Years 49 Months 8 Days 7 hr. ✓ min. ✓  
If less than one day

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Living H. Root 1:1

13. Birthplace Elburn CO Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Sniff  
15. Birthplace Mojo  
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. C. Napier

(b) Address Southern MO

17. (a) (b) Date thereof 7-25-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southern MO

18. (a) Signature of funeral director Edwin H. Phillips

(b) Address Southern MO

19. (a) 7/23/49 (b) Mame G. Clardy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd  
year 1940 hour 7:10 minute 159 M.

21. I hereby certify that I attended the deceased from July 16, 1940 to July 22 1940; that I last saw her alive on July 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓

Of operations: ✓

Of autopsy: ✓

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? 556

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm Wallis (M. D. or other) \_\_\_\_\_

Address Marquilly MO Date signed 7/23/49

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

4  
7  
2

**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 \_\_\_\_\_

*Larry H. Phillips*

Licensed Embalmer No. \_\_\_\_\_

*1898*

P. O. Address \_\_\_\_\_

*Stoughton, MA*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**