

FILED OCT 21 1941

Registration District No. 1111Primary Registration District No. 5760

Registrar's No. _____

1. PLACE OF DEATH:

(a) County CALLAWAY
 (b) City or town STEPHENS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: STEPHENS - GENERAL DELIVERY
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY EDNA PUYEAR3. (b) If veteran, name war XX 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife HENRY PUYEAR 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased APRIL 13 1916
 (Month) (Day) (Year)

8. AGE: Years 25 Months 4 Days 16 If less than one day hr. min.9. Birthplace NEW BLOOMFIELD MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE11. Industry or business AT HOME12. Name A. T. EASTWOOD13. Birthplace MOKANE MISSOURI
(City, town, or county) (State or foreign country)14. Maiden name JULIA MEYEROTTO
15. Birthplace OSAGE COUNTY MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant Henry Puyear(b) Address Stephens, Mo17. (a) BURIAL (b) Date thereof 8/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MILLERSBURG CEMETERY18. (a) Signature of funeral director Leslie Wallace(b) Address FULTON MISSOURI19. (a) Sept 5, 1941 (b) B. H. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
 (c) City or town STEPHENS
 (If outside city or town limits, write "RURAL")
 (d) Street No. GENERAL DELIVERY
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1941 hour 6 minute 30 M. P.21. I hereby certify that I attended the deceased from 6/6
1941 to July 22 1941
that I last saw h. 6 PM on 22 July 1941
and that death occurred on the date and hour stated above.Immediate cause of death dropsy Duration _____

Due to condition of hip
 Due to to treatment for
hemorrhage of uterus
 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 Brooks Brown (M. D. or other) _____Address Fulton Mo Date signed 8/30/41

110 (Licensed Embalmer's Statement on Reverse Side)

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 Edbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, Mo

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, fact should be so stated above.

2B
25-41
K27852

Registration District No. 1111

Primary Registration District No. 5160

Registrar's No. _____

1. PLACE OF DEATH

(a) County Calloway
(b) City or town Rural
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Mary Edna Pyear
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 2 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Apr-13-1916
(Month) (Day) (Year)

8. AGE: Years 25 Months 4 Days 16 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Calloway
(c) City or town Stephens
(If outside city or town limits, write "RURAL")
(d) Street No. Gen. Delivery
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June
1941 to July 22, 1941;
that I last saw her alive on July 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Dropsy caused by Faulty Circulation in Liver. Duration _____

Due to High Pressure of Blood at atherosclerosis.

Due to Toxic poison

Other conditions (If pregnancy within 3 months of death)
Carcinoma of Cervix

Major findings:
Of operations advised to Dr. Robnett
Of autopsy Columbia, Mo.

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? _____

(Specify type of place) (e) Means of injury _____

23. Signature Boyd Brown (H. D. or other) _____
Address Fulton Mo Date signed 10/29/41

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

SUPPLEMENTAL

1941

S-31171