

FILED OCT 21 1941

Registration District No. **213**Primary Registration District No. **3014**Registrar's No. **271**

1. PLACE OF DEATH:

(a) County **COLE**
 (b) City or town **JEFFERSON CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST MARYS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks**
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Carol Muir**3. (b) If veteran, name war **No** 8. (c) Social Security No. **No**4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 1st 1941**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 21 hr. min.9. Birthplace **FULTON MO. 0**
(City, town, or county) (State or foreign country)10. Usual occupation **BABY**

11. Industry or business _____

12. Name **UNKNOWN**13. Birthplace **" 9**
(City, town, or county) (State or foreign country)14. Maiden name **HELEN Louise Muir**15. Birthplace **ADAIR Co. Mo 0**
(City, town, or county) (State or foreign country)16. (a) Informant **H. A. Muir**(b) Address **FULTON, MO.**17. (a) **BURIAL** (b) Date thereof **9-23-41**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **FULTON, MO**18. (a) Signature of funeral director **Wm. Y. Maysen**(b) Address **700 East Fulton (Mo)**19. (a) **9-22-41** (b) **M. M. Dickson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**
 (c) City or town **Fulton, Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rural Route 1**
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22nd**
year **1941** hour **9:50** minute **6** A. M.21. I hereby certify that I attended the deceased from **Sept 9**
1941 to **Sept 26** 1941
that I last saw her alive on **Sept 22 (9 am)** 1941
and that death occurred on the date and hour stated above.Immediate cause of death **Acute nephritis** Duration **1 week**Due to **Gastro-Enteritis** **3 weeks**

Due to _____

Other conditions **Marasmus**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations **1170**

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **J. B. Maysen** (M. D. or other) **MD**Address **Jefferson City, Mo** Date signed **9/23/41**

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. 21725

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, above space should be left blank.