

DEC 15 1941

Registration District No. 296

Primary Registration District No. 5413

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Union R F D # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Lifetonia
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Union R F D # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Mary Faber

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 March 28 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 3 If less than one day hr. _____ min.

9. Birthplace Fairrush, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housekeeper

11. Industry or business _____
MOTHER FATHER { 12. Name Wm. Murer
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Faber
(b) Address Union, Mo.

17. (a) Burial (b) Date thereof 11-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neier, Missouri

18. (a) Signature of funeral director Wendell
(b) Address Union, Mo.

19. (a) 11-3-41 (b) Louis T. Howe
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st
year 1941 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 27 to Nov 1, 1941
that I last saw her alive on 10-30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 2 days

Due to Cerebral hemorrhage

Due to Uremia

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 43a
Of autopsy _____

Duration
2 days
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 H. M. Denny (M. D. or other) MD
Address Union, Mo. Date signed 11-3-41

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

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

W. H. Horn

Licensed Embalmer No.

3175

P. O. Address

Union, Mo.

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.