

FILED MAR 14 1942 865

Registration District No. _____

Primary Registration District No. 4484

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Lancaster Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Coatsville
(If outside city or town limits write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mettie FRADY

3. (b) If veteran. name war _____ 3. (c) Social Security No. none

4. Sex fe 5. Color or race W 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 Mar 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Sanderson
13. Birthplace Fayette county Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Frady
15. Birthplace Fayette Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Sean Evans
(b) Address Lancaster

17. (a) Burial (b) Date thereof Feb. 14-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lancaster

18. (a) Signature of funeral director P. E. Vaughn
(b) Address Lancaster Mo

19. (a) Feb. 18 1942 (b) Alvorne Todd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1942 hour 3 minute 7 M.

21. I hereby certify that I attended the deceased from Feb 10
1942 to Feb 11, 1942,
that I last saw him alive on Feb 10, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to High Blood Pressure
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 1
Of autopsy 830

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 0

23. Signature P. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo Date signed Feb 11, 1942

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MAR 12 1942

RECEIVED

District Health Officer No. 10

District File Number 10-42-336

Date Filed MAR 10 1942

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.....

P. O. Fenton, Registered Apprentice No.....
working under my personal supervision.

Signed P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Jonestown 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.