

FILED NOV 5 1942
Registration District No. **3239**

Primary Registration District No. **4502**

Registrar's No. **30**

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

1. PLACE OF DEATH:
 (a) County Stoddard Town
 (b) City or town Puxico, 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 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY PAGE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 5. Color of race W
 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: May 12 - 1882
 (Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 28
 If less than one day hr. _____ min. _____

9. Birthplace Puxico Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation at home

MOTHER { 11. Industry or business _____
 12. Name J. C. Eason
 13. Birthplace Abon Co Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucille Williams
 15. Birthplace Asheville Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address Puxico Mo
 17. (a) Burial (b) Date thereof 10-12-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Puxico Mo

18. (a) Signature of funeral director Watkins Service
 (b) Address Puxico Mo
 19. (a) 10-14-1942 (b) J. P. Stearns
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard 103
 (c) City or town Puxico
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 10
 year 1942 hour 10 PM minute _____ M.
 21. I hereby certify that I attended the deceased from 1 1942 to Oct 10 1942
 that I last saw him alive on Oct 10 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93d

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?

While at work? _____ (Specify type of place)
 (e) Means of injury ✓
 23. Signature E. R. Elmer (M. D. or other)
 Address Puxico Mo Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 1142-1371

Date Filed 11-3-42

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 B. J. Brezlinger
Licensed Embalmer No. 4201
P. O. Address Dexter, 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, fact should be so stated above.