

FILE DEC 8 1942

Registration District No. 208

Primary Registration District No. 5760

Registrar's No. 67

64
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Rural-Fabius
(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 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Marion
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Fabius
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME Mary Anne Voepel

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 1
 year 1942 hour 12 minute 45 P.M.

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from Nov 6
1942, to Nov 17, 1942
 that I last saw her alive on Nov 17, 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Fred C Voepel
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov. 20 1865
(Month) (Day) (Year)

Immediate cause of death: Myocardial degeneration
 Duration 6-12

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>76</u> | <u>11</u> | <u>11</u> | _____ hr. _____ min. |

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

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

10. Usual occupation housewife

11. Industry or business _____

Major findings: 938
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 { 12. Name _____
 { 13. Birthplace John S. Schade Germany 4
(City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bernhard Heidbreder

(b) Address Palmyra

17. (a) Burial (b) Date thereof 11 3 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Jewell

(b) Address Palmyra

19. (a) 11/3/42 (b) Mrs Margaret Madley
(Date received local registrar) (Signature of Registrar)

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 F. A. Roselle (M. D. or other) 0

Address Palmyra Mo. Date signed _____

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.....

Prop. Lewis

Licensed Embalmer No.....

2382

P. O. Address.....

Salvador - 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.