

FILED MAY 21 1943
Registration District No. 21943

Primary Registration District No. 6075

Registrar's No. 260

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 yrs. 10 mos.
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MARY ANN DIFANI
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Birth date of deceased About 1875
(Month) (Day) (Year)

8. AGE: Years About 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Mary's Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace Baden Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Perry County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem., St. Mary's

18. (a) Signature of funeral director Basler Undertakers
(b) Address Ste. Genevieve, Mo.

19. (a) April 30-1943 (Date received local registrar)
(b) Byrdie Buchmeister (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 17, 1943, 19____, to April 23, 1943, 19____;
that I last saw her alive on April 23, 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular disease Duration unk.

Due to _____

Due to Infirmities of old age

Other conditions Congenital debility Life _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ 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? Mo.
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature William A. ... (M. D. or other)
Address State Hospital # 4 Date signed 4-24-43

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

94
00

RECEIVED

District Health Officer No. 4
District File Number 543-2124
Date Filed 5-5-43

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 Beal J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.