

FILED FEB 10 1944

Registration District No. 118

Primary Registration District No. 5431

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural
(c) Name of hospital or institution Prairie Top
(d) Length of stay: In hospital or institution 2200
In this community 2200 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin
(c) City or town Rural
(d) Street No. Prairie Top
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Mary Dwyer

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex Female Color or race W
5. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive 1-11 years
7. Birth date of deceased 7-8-1871

8. AGE: Years 72 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Franklin Co. Mo

10. Usual occupation housework

11. Industry or business

12. Name William Steger
13. Birthplace Germany
14. Maiden name Elizabeth Bender
15. Birthplace Germany

16. (a) Informant Emma Steger

(b) Address Loredell Mo

17. (a) Burial (b) Date thereof 1-18-44

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Sharon H. Hatchell

(b) Address 1118 1/2 St. Clair

19. (a) 118/1944 (b) P. J. King Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14 year 1944 hour 11 minute 12 P. M.

21. I hereby certify that I attended the deceased from 12-18-44 to 1-14-44 and that I last saw her alive on 1-11-44

Immediate cause of death Chronic Interstitial nephritis

Due to

Other conditions Chronic laryngitis

Major findings: Of operations 13/0 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?
(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 W. E. Hatchell (M. D. or other) 1-16-44
Address St. Clair Mo Date signed

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

008

1120

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.....

Sherwood W. Fitchell

Licensed Embalmer No.....

3873

P. O. Address.....

St. Clair, 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.