

No. 2
4-13-40
5-17-39
X23155

State File No. _____

FILED FEB 14 1944

Registration District No. 196

Primary Registration District No. 4308

Registrar's No. 1

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

1. PLACE OF DEATH: *M.C. Donald*
 (a) County *Noel*
 (b) City or town _____
 (c) Name of hospital or institution: *none*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME *MARIA SAWYER*
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex *F* 5. Color or face *lcw*
 6. (a) Single, widowed, married, divorced *W*
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased *Nov. 2-2-1856*
 (Month) (Day) (Year)

8. AGE: Years *87* Months *2* Days *9* If less than one day _____ hr. _____ min.

9. Birthplace *Davis Co, Iowa*
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
 12. Name *Isom Lamb*
 13. Birthplace *Ohio*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Harriet Everhart*
 15. Birthplace *Germany*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Missie Baughman*
 (b) Address *Noel mo*

17. (a) *Burial* (b) Date thereof *2/2/44*
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation *Memorial Park*

18. (a) Signature of funeral director *Wheaton Mo*
 (b) Address _____

19. (a) *Feb-2-1944* (b) *Mrs. E.M. George*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *McDonald*
 (c) City or town *Noel*
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? *0* years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *Jan* day *31*
 year *1944* by *12* minute *15* P.M.
 21. I hereby certify that I attended the deceased from *Jan 30*
 _____, 1944, to *Jan 31*, 1944
 that I last saw her alive on *Jan 31*, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Hemorrhage*
 Duration *3 1/2 hours*

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

Major findings: *§30!*
 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?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature *S.D. Franklin* (M. D. or other)
 Address *Noel mo* Date signed *Feb 1*

RECEIVED

District Health Officer No. 6

District File Number 244-126

Date Filed FFR 11 1944

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

Wm Morris Pogue

Licensed Embalmer No.

3442

P. O. Address

Wheaton, 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.