

FILED JUN 20 1944

Registration District No. **32**

Primary Registration District No. **6137**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Shannon
 (b) City or town Rural: Kinross, Mo.
 (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 _____ (Specify whether _____)
 In this community _____
 years, months or days)

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

4. Sex 2 **5. Color or** H **6. (a) Single, widowed, married,**
1 **race** 2 **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 22 - 1864
 (Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days 6 If less than one day
 hr. _____ min. _____

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

10. Usual occupation. Wife

MOTHER FATHER

11. Industry or business _____
12. Name. James Searing
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name. unknown
15. Birthplace. unknown (City, town, or county) (State or foreign country)

16. (a) Informant. Tom Drexler
(b) Address. Kinross Mo

17. (a) Rural **(b) Date thereof.** 5-28-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Kinross Mo

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

19. (a) 5-28-44 **(b)** Frank H. G. Drexler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Shannon
 (c) City or town Rural: Kinross, Mo.
 (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 May day 28
 year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

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

Duration _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy _____

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 Frank H. G. Drexler (M. D. or other) _____
Address Kinross Mo **Date signed** 5-28-44

RECEIVED

District Health Officer No. 5,

District File Number 644368

Date Filed 6.15-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.