

No. 2
1-2-43
5-17-39
X38697

FILED MAR 12 1946
Registration District No. 341

Primary Registration District No. 3075

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Dexter
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME MARY ELIZABETH MILLSTEAD
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 24 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 7 hr. _____ min.

9. Birthplace Gibson Co. Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Richard Sumner

13. Birthplace England
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Flowers

15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joe Millstead

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 2-3-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hollis Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Mo.

19. (a) 2-7-46 (b) Mora Smith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard /03
 (c) City or town Dexter 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 1
 year 1946 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 29, 1946, to Feb 1, 1946
 that I last saw her alive on Jan 31, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobar Pneumonia
 Duration _____

Due to _____

Due to 108

Other conditions Atherosclerosis and Chronic myocarditis
 (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) nd

(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?
 (Specify type of place)

While at work? _____ (e) Means of injury d

23. Signature J. E. Flowers (M. D. or other)

Address Dexter, Mo. Date signed 2-1-46

RECEIVED

District Health Office No. 2,

District File Number 346-353

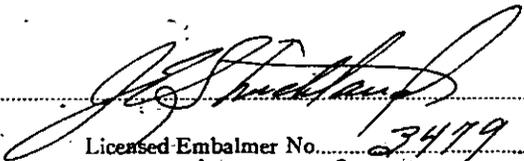
Date Filed 3/8/46

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. 2479.....

P. O. Address Wester, 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.