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-2.43
-17.39
X35897

FILED MAR 18 1948

Registration District No. 291

Primary Registration District No. 5997

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam
(c) City or town Unionville MO
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary Elizabeth Prenter

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Y

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. 7 (Month) 30 (Day) 1871 (Year)

8. AGE: Years 74 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation housekeeper

11. Industry or business

12. Name John Thompson

13. Birthplace (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 Robert Lee Prenter

(b) Address Unionville Mo.

17. (a) (b) Date thereof 1-27-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phelps, Tenn.

18. (a) Signature of funeral director (b) Address Unionville Mo.

19. (a) 1-31-46 (b) Maxwell Durbin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1946 hour 1 minute - 11 M.
21. I hereby certify that I attended the deceased from 24 1946 to Jan 27 1946 that I last saw her alive on Jan 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration
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 J. W. McDonald (M. D. or other) Address Unionville Mo. Date signed 1-29-46

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

MOTHER FATHER

266

RECEIVED
District Health Officer No. 10
District File Number 3-46-442
Date Filed MAR 12 1946

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..... *F. O. Hunt*

Licensed Embalmer No. *2975*

P. O. Address *Unionville, N.C.*

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.

Registration District No. 291

Primary Registration District No. (5997)

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Lemans, Mo. Wilson, Twp. Rural
(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 _____ (Specify whether)
years, months or days

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased July 20
(Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days _____ If less than one day _____ hr. _____ min. no

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. Rural, Wilson Township (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

My File

10438