

FILED MAR 28 1946
 Registration District No. 340

Primary Registration District No. 6151

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Javale
outside city or town limits, write "RURAL" and name of township
 (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 None
(Specify whether years, months or days)
 In this community 6 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town 2 1/2 S.E. of Javale 103
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME KATIE - PRIEST
 3. (b) If veteran, name war NO
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb, day 13
 year 1946 hour 11 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Feb 6, 1946 to Feb 13, 1946
 that I last saw her alive on February 10, 1946
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife J. H. Priest
 6. (c) Age of husband or wife if alive 12 years
 7. Birth date of deceased Mar 1898
(Month) (Day) (Year)

Immediate cause of death Infarction
 Duration 10 days

8. AGE: Years 47 Months 11 Days 29
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions Myo carditis 6 mos
(Include pregnancy within 3 months of death)

9. Birthplace State of Miss.
(City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

Major findings:
 Of operations _____
 Of autopsy 938
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business None
 12. Name unknown
 13. Birthplace unknown 4
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Priest
 (b) Address Catron MO
 17. (a) Burial (b) Date thereof Feb. 17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Catron MO

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 E. E. Jones MD (M. D. or other) _____
 Address Lithium MO Date signed 3-5-46

18. (a) Signature of funeral director Walter J. Smith
 (b) Address Warman MO
 19. (a) 3-18-46 (b) Casper McPeck
(Date received local registrar) (Registrar's signature)

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

10850

RECEIVED

District Health Office No. 2,

District File Number 346-418

Date Filed 3-26-46

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 Raymond Steele

Licensed Embalmer No. 2476

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.