

No. 2
2-43
1-17-39
X35697

FILED JUN 5 1946

Registration District No. **206**

Primary Registration District No. **574**

Registrar's No. **118**

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Madison**
 (c) City or town **Rural - Fredericktown**
(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 _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
 year **1946** hour **5:30** minute **0** P. M.
21. I hereby certify that I attended the deceased from **May 10** 19**46**, to **May 22** 19**46**
that I last saw her alive on **May 20** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **widowed**
 6. (c) Age of husband or wife if alive **Deceased** years
 7. Birth date of deceased **Jan 16 1873**
(Month) (Day) (Year)

Immediate cause of death **Cerebral embolism**
 Duration **2 weeks**

8. AGE: Years **73** Months **4** Days **6**
 . If less than one day _____ hr. _____ min.

Due to **Unknown**
 Due to _____

9. Birthplace **Antioch - Maduca** **IL**
(City, town, or county) (State or foreign country)

Other conditions **838**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business _____

Major findings: _____
operations

12. Name **Edwina Merida Burman**

Of autopsy _____
 Underline the cause to which death should be charged statistically.

13. Birthplace **North Carolina** **IL**
(City, town, or county) (State or foreign country)

14. Maiden name **Archie Ann Parrance**

15. Birthplace **North Carolina** **IL**
(City, town, or county) (State or foreign country)

16. (a) Informant **Medora B. Ammon**
 (b) Address **510 Albert Fredericktown**

17. (a) Burial (b) Date thereof **5-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Addifellow Ceme**

18. (a) Signature of funeral director **W. H. Bell**
 (b) Address **Fredericktown, Mo.**

19. (a) 5-27-1946 (b) **Flarena Hicks**
(Date received local registrar) (Registrar's signature)

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. W. DeLuere** (M. D. or other) **DD**
 Address **Fredericktown, Mo.** Date signed **5-28-46**

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

16232

4023 1071

RECEIVED

District Health Officer No. 4
District File Number 646-2169
Date Filed 6-4-46

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 John H. Held
Licensed Embalmer No. 4264
P. O. Address Fredericktown, Md

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.