

FILED JAN 24 1947

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 12

1. PLACE OF DEATH:  
 Lewis  
 (a) County Lewis  
 (b) City or town Canton Canton  
(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 years, months or days)  
 In this community Entire life

2. USUAL RESIDENCE OF DECEASED:  
 Missouri 56  
 (a) State Missouri (b) County Lewis  
 (c) City or town Canton 1  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET M. DUSSAIR  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 19  
 year 1947 hour 3 minute 30 A.M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Paul J. Dussair  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 22 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 8  
2, 1947, to Jan 19, 1947,  
 that I last saw h. et alive on Jan 18, 1947,  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 5 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death CARCINOMA OF LEFT LUNG 5 yrs  
 Due to CARCINOMA OF LEFT BREAST 5 yrs.  
 Due to \_\_\_\_\_

9. Birthplace Canton Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation None

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: CARCINOMA OF LEFT BREAST  
 Of operations \_\_\_\_\_  
 Of autopsy None

11. Industry or business \_\_\_\_\_  
 12. Name Louis Hetzler  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 \_\_\_\_\_

14. Maiden name Barbara Brosi  
 15. Birthplace Galena, Ill. U.S.A.  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Mrs Frank Hawkins

(b) Address Canton, Mo.  
 17. (a) Burial (b) Date thereof 1/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Canton, 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 0

18. (a) Signature of funeral director Paul J. Dussair  
 (b) Address Canton, Mo.  
 19. (a) 1/21/47 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature)

23. Signature Randis Y Davis (M. D. or other) MD  
 Address Canton Mo Date signed Jan 20 1947

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

MOTHER FATHER

161

FEB 9 1948

RECEIVED  
State Health Officer No. 147154  
JAN 23 1947

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 *E. H. Buckley*

Licensed Embalmer No. *2615*

P. O. Address *Canton, 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.