

FILED JUN 12 1947

State File No. _____

Registration District No. 32

Primary Registration District No. 5709

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County BOLLINGER

(b) City or town RURAL

(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BOLLINGER

(c) City or town RURAL

(d) Street No. Crooked Creek Top (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY H. SIZZAS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24 year 1947 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. alive on 5/24/47 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 W

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

7. Birth date of deceased JULY 31 1868 (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

8. AGE: Years 79 Months 9 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business ✓

12. Name RANDOLPH

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

14. Maiden name JANE WALLIS

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

16. (a) Informant ELMER SIZZAS

(b) Address St Louis, MO

17. (a) BURIAL (b) Date thereof 5-26-1947 (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEMETERY

18. (a) Signature of funeral director Ed Stoman

(b) Address St Louis, MO

19. (a) JUN 4 1947 (Date received local registrar) (b) Minnie K. Vandenberg (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 John J. ... M. D. or P.H.S. _____

Address St Louis, MO Date signed 5/24/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 647-802

Date Filed 6-10-47

Handwritten scribbles and illegible text.

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.....

NOT EMBALMED....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.