

No. 2
-12-45
5-17-39
X47070

FILED JUL 3 1947
Registration District No. 227

Primary Registration District No. 5809

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

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) City or town Rural
(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 Missouri (b) County Montgomery
 (c) City or town Rural 2 miles west New Florence
(If outside city or town limits, write "RURAL")
 (d) Street No. No
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Alice See
 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 W 2
 6. (b) Name of husband or wife Mike See 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3-31-1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28 th
 year 1947 hour II minute A M.
 21. I hereby certify that I attended the deceased from May 14, 1947 to June 28, 1947
 that I last saw her alive on June 27, 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Congestive heart failure
 Duration 36 hrs

8. AGE: Years Months Days If less than one day
91 2 27 _____ hr. _____ min.

Due to myocarditis and myocardial degeneration sev. _____ wks. _____
 Due to _____
 Other conditions Osteoarthritis & Senility
(Include pregnancy within 3 months of death)

9. Birthplace Near New Florence Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Home
 11. Industry or business _____
 12. Name George Hart
 13. Birthplace no
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Hart
 15. Birthplace no
(City, town, or county) (State or foreign country)

Major findings: None performed
 Of operations _____
 Of autopsy None performed
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Noah Bethel
 (b) Address New Florence Mo
 17. (a) Burial (b) Date thereof 6-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Florence Cemetery
 18. (a) Signature of funeral director C. W. Hopkins
 (b) Address Montgomery City Mo
 19. (a) 7-1-47 (b) James D. Helm
(Date received local registrar) (Registrar's signature) (C) A7

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)
 Means of injury 2
 23. Signature P. H. Thompson (M. D. or other) D.D.
 Address New Florence Mo Date signed 6/30/47

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, ~~on~~ on the 28th day of June 1947, Registered Apprentice No. _____ working under my personal supervision.

Signed  C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.