

FILED AUG 13 1947

Registration District No. **49**

Primary Registration District No. **5142**

Registrar's No. **294**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Rural Neely Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.# 1 Neelyville
(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) **4 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D.# 1 Neelyville**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Anna Sousek

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife

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

7. Birth date of deceased **December 26 1851**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 7 5 hr. min.

9. Birthplace **Czechoslovakia** **6**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Joseph Phillip** **6**

13. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** **7**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Christopher**

(b) Address **Neelyville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-4-47**
(Month) (Day) (Year)

(c) Place: Burial or cremation **Catholic Cem. P.B.Mo.**

18. (a) Signature of funeral director **Frank Cottrell Chapel**

(b) Address **Foplar Bluff, Mo.**

19. (a) **8/7/47** (Date received local registrar) (b) **[Signature]** (Registrar signature) **3**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31** year **1947** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 12** 19 **47** to **July 31** 19 **47**.
that I last saw her alive on **July 24** 19 **47** and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy

Duration

Due to

Due to

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

Major findings:

Of operations

Of autopsy **87A**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **F. F. Farr** (M. D. or other)

Address **Neelyville** Date signed **Aug 4 47**

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

MOTHER, FATHER

RECEIVED

District Health Office No 2

District File Number 847-1014

Date Filed 8-11-47

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gen Clark*.....

Licensed Embalmer No. *4216*.....

P. O. Address *Keplar Bluff*.....

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.