

FILED DEC 26 1947
Registration District No. 3471

Primary Registration District No. 4456

Registrar's No. 36

1. PLACE OF DEATH:

(a) County ST. CHAIR
(b) City or town APPLETON CITY, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ELLETT HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Da. (Specify whether
In this community 5 Da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. CHAIR 93
(c) City or town ROCKVILLE, MO
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No).
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1947 hour 12 o'clock minute Midnight
21. I hereby certify that I attended the deceased from 13 Dec
1947 to 17 Dec 1947;
that I last saw her alive on 17 Dec 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Duration 5 days

3. (a) PRINT FULL NAME Elsie May Attebery
3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROBERT ATTEBERY 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept 14 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 3 If less than one day
hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES Van Meter
13. Birthplace Bethaney MO
(City, town, or county) (State or foreign country)
14. Maiden name Bethaney Maize
15. Birthplace Bethaney MO
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Attebery
(b) Address Rockville, MO

17. (a) BURIAL (b) Date thereof Dec 21 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEVADA, MO

18. (a) Signature of funeral director Oscar Eckhoff
(b) Address Appleton City, MO

19. (a) Dec 21 47 (b) Mrs. Elsie Attebery
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 61

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 CD Moursai, M.D. (M. D. or other) _____
Address Appleton City, MO Date signed 19 Dec 47

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

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

RECEIVED
District Health Officer No. 7,
11/42/1966
Date Filed 12-23-67

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 *Isaac Eckhoff*

Licensed Embalmer No. *3942*

P. O. Address *Appleton 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.