

0. 2
2-45
7-39
47070

FILED SEP 29 1948

Registration District No. 20

Primary Registration District No. 3002

Registrar's No. 133

1. PLACE OF DEATH:

(a) County ANDRAIN

(b) City or town MEXICO

(c) Name of hospital or institution: ANDRAIN COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY DOROTHEA TREADWAY

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex FEMALE 5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ROBERT B. TREADWAY

6. (c) Age of husband or wife if alive 14 years (Day) (Year)

7. Birth date of deceased April 14 1895
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 4
If less than one day hr. min.

9. Birthplace ANDRAIN Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOME MAKER

11. Industry or business

MOTHER FATHER

12. Name John Schubert

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

14. Maiden name DORIS RICH

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

16. (a) Informant Gora Sue Treadway

(b) Address Vandalia Missouri

17. (a) Burial (b) Date thereof Sept 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director J. S. Maters

(b) Address Vandalia Missouri

19. (a) 9/20/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN

(c) City or town VANDALIA
(If outside city or town limits, write "RURAL")

(d) Street No. 313 South Linden
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 18
year 1948 hour 5 minute 20 A.M.

21. I hereby certify that I attended the decedent from Sept 12 to Sept 18, 1948
that I last saw her alive on Sept 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary Duration 1 year

Due to.....

Due to.....

Other conditions HU
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 Ol Garcia (M. D. or other).....

Address Mexico Mo Date signed 9/20/48

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

RECEIVED

District Health Officer No. 1

District File Number 9.48.16

Date Filed SEP 28 1948

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.