

19-300  
10-47  
17-39  
I 3906

FILED OCT 11 1948

Registration District No. **12**

Primary Registration District No. **5055**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Barry**  
(b) City or town **Knard Capps Creek**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Monett RFD 2 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 **7 years** years, months or days

3: (a) PRINT FULL NAME **Marjore Ann Dwyer**

3: (b) If veteran, name war \_\_\_\_\_ 3: (c) Social Security No. \_\_\_\_\_

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **May 12 1941**  
(Month) (Day) (Year)

8. AGE: Years **7** Months **4** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Pierce City Mo. 11**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Tom Dwyer**

13. Birthplace **Pierce City Mo. 11**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Kublanski**

15. Birthplace **Monett Mo. 11**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Tom Dwyer**

(b) Address **Pierce City, Mo.**

17. (a) **burial** (b) Date thereof **Sept 16 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Patrick's Cemetery**

18. (a) Signature of funeral director **William J. Wassell**

(b) Address **Pierce City, Mo.**

19. (a) **10-4-48** (b) **W. M. West**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Capps Creek**  
(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 **15**  
year **1948** hour **7** minute **05 AM**

21. I hereby certify that I attended the deceased from **Feb 19 1948**  
**1947** to **Sept 15 1948**  
that I last saw her alive on **Sept 11 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac decompensation** Duration **30 min**

Due to **Congenital heart disease -** Since Birth

Due to \_\_\_\_\_  
Other conditions **Residuals of cerebral hemorrhage** 5 yrs

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **159E**  
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. L. Edwards** (M. D. or other) **MD**  
Address **Pierce City, Mo.** Date signed **Sept 20 1948**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,  
District File Number 1048-1147  
Date Filed 10-9-48

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

Charles E. Schroeder

Registered Apprentice No. 227

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 4213

P. O. Address Morett, Missou

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.