

FILED JUN 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23073

Registration District No. 325

Primary Registration District No. 4479

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Schuylers
(b) City or town Green City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether

In this community
years, months or days

3. (a) PRINT FULL NAME MARY LUTICIA RIEDEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chas Riedel 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May 26 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>-</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name O. C. Everly

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

14. Maiden name Bachel Snell

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

16. (a) Informant Chas Riedel

(b) Address Green City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-47
(Month) (Day) (Year)

(c) Place: burial or cremation Hermana

18. (a) Signature of funeral director P. O. Fulton
(b) Address Lancaster Mo

19. (a) June 10 1947 (Date received local registrar) (b) Mrs. Ruth Drake (Registrar's signature) 353

2. USUAL RESIDENCE OF DECEASED: Schuylers
(a) State Missouri (b) County Wright
(c) City or town Green City (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1947 hour 7 minute A M.

21. Whereby certify that I attended the deceased from Sept 2, 1944, to June 3, 1947;
that I last saw her alive on June 3, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to _____
Due to _____

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

Major findings: myocardial degeneration
Of operations _____
Of autopsy H/L

Duration _____
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 L

23. Signature R E Vaughn (M.D. or other) D.O.
Address Lancaster, Mo Date signed 6/14/47

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

18
6
0

JAN 26 1948

RECEIVED
District Health Officer No.
District File Number 6247-74
Date Filed JUN 17 1947

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..... P. O. Taylor

Licensed Embalmer No. 3705

P. O. Address Lancaster Pa

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.