

08
DEC 14 1940
Registration District No. 878

Primary Registration District No. ~~878~~ 6156B Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Sigmond Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. Sheldon Mo R. # 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME BESSIE-SOUTHGATE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Geo. Southgate 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov 19 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 11 21 hr. min.

9. Birthplace Sedan Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Johnson Durham

18. Birthplace Beloit Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Mary Durham

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

16. (a) Informant Geo. Southgate

(b) Address Sheldon Mo

17. (a) Rural (b) Date thereof Nov 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director J. B. Berry & Sons

(b) Address Sheldon Mo

19. (a) 11-20-1940 (b) Cawell T. Berry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 19
year 1940 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from April 4th, 1940, to Nov. 19, 1940
that I last saw her alive on Nov. 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic nephritis with edema Duration 6 mo.

Hypertensive heart disease ?

Due to disease

Generalized arteriosclerosis 4 mo.

Due to _____

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

17 1

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? 7 mo

While at work? ✓ (Specify type of place)

(b) Means of injury _____

23. Signature Thomas J. Duncett (M. D. or other) MD

Address Sheldon, Mo. Date signed 11/20/40

RECEIVED

District Health Officer No. T

District File Number 12-40-1746

Date Filed 12-10-40

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 _____

Me Personally

Registered Apprentice No. _____

working under my personal supervision.

Signed Carroll T Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon Ma

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, above space should be left blank.