

FILED DEC 12 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1887 Primary Registration District No. 6179 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Britton
(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

8. (a) PRINT FULL NAME Elizabeth McCallach

3. (b) If veteran name war _____ 8. (c) Social Security No. _____

4. Sex ♀ 5. Color or race ow 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased aug 3 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace anthanier mill mo
(City, town, or county) (State or foreign country)

10. Usual occupation h

11. Industry or business h

12. Name Joseph Purden

13. Birthplace anthanier mill mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Slaver

15. Birthplace anthanier mill mo
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth McCallach

(b) Address anthanier mill mo

17. (a) _____ (b) Date thereof Dec 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation anthanier mill

18. (a) Signature of funeral director Ed Sparks

(b) Address Patton mo

19. (a) Dec 10-40 (b) G.F. Crumley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Wash.

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

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 1940
year _____ hour 4-15 minute 15 a.m.

21. I hereby certify that I attended the deceased from 11-30 1940 to 12-2 1940

that I last saw her alive on 11-30 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia - primary -

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Joseph L. Thurman (M. D. or other) _____

Address Patton, Mo. Date signed 12-6-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.