

No. 2  
1-10  
17-30  
X21492

JAN 8 1941

State File No. \_\_\_\_\_

Registration District No. 1099

Primary Registration District No. 5868

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Rural  
(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 20 yrs  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20  
year 40 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-27-40, 1940, to 9-15-40, 1940;

that I last saw her or alive on 9-15-40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia  
from carcinoma of  
The recto sigmoid Duration 8mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? 590

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature R. A. Brumbaugh (M. D. or \_\_\_\_\_)  
Address Wardell, Mo. Date signed 9-22-40

8. (a) PRINT FULL NAME Ella Randell

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 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 Sept 4th 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 16 hr. min.

9. Birthplace Waverly Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

12. Name Milton Ingram

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

14. Maiden name Mary Waverly

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

16. (a) Informant Arag Randell

(b) Address Wardell Mo

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 9 21-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Wardell

18. (a) Signature of funeral director H. S. Smith

(b) Address Countryside Mo.

19. (a) 1-1-41 (b) J. J. Oresay  
(Date received local registrar) (Registrar's signature)

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

1-41-6

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 Neel C. Dean

Licensed Embalmer No. 3941

P. O. Address Covingtonville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.