

RECEIVED FEB 17 1941
Registration District No. 6-27

Primary Registration District No. 4877

Registrar's No.

1. PLACE OF DEATH Nodaway
 (a) County Pickering
 (b) City or town Pickering
 (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 18 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Martha Dalrymple
 3. (b) If veteran, name war _____ 3. (c) Spouse security none
 No. _____

4. Sex F 5. Color of W 6. (a) Single widowed married, divorced
 4. Sex F race W widowed
 6. (b) Name of husband or wife Ezra A. 6. (c) Age of husband or wife if 11 years
 alive _____ years
 7. Birth date of deceased June 11 1850
 (Month) (Day) (Year)
 8. AGE: 90 Years 6 Months 24 Days If less than one day
 hr. _____ min.

9. Birthplace Bloomington, Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Blevens
unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant David T. Dalrymple

(b) Address Pickering, Mo.

17. (a) Burial (b) Date thereof Jan. 8-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Mo.

19. (a) JAN. 8, 1941 (b) Mrs. C. Hackett
 (Date received local registrar) (Registrar's signature)

2. USUAL PLACE OF DECEASED: Missouri
 (a) State Missouri (b) County Nodaway
 (c) City or town Pickering
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 5, day _____
 year 1941 hour 11:30 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 29
1940 to Jan 5, 1941
 that I last saw her alive on Jan 5, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
due to senile debility
confined to bed 2 years
fracture of hip
 Duration 12 days
years

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

Major findings: no operations
 Of operations _____
 Of autopsy no 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?
874

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

23. Signature E. L. Lawson (M. D. or other) _____

Address Pickering Mo Date signed 1/8/41

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

1-31-70
K4572

DEPARTMENT OF HEALTH

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

Clara M. Price

Licensed Embalmer No.

1822

P. O. Address

Maryville, Mo.

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.