

FILED MAY 10 1941
Registration District No. 467

Primary Registration District No. 280

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
326 West Lee St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 5 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 53
(c) City or town Aurora /
(If outside city or town limits, write "RURAL")
(d) Street No. 326 West Lee St, /
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Malona Catherine Dooling

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 Thomas S Dooling 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec, 30 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 13 hr. min.

9. Birthplace Carroll County Ark,
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Trantham
13. Birthplace Not Known / Youngblood
(City, town, or county) (State or foreign country)
14. Maiden name ?
15. Birthplace Not Known / ?
(City, town, or county) (State or foreign country)

16. (a) Informant Omer B Dooling

(b) Address Tulsa Okla,

17. (a) Burial (b) Date thereof 4/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yocum Pond Cemetery

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) May 1, 1941 (b) R.D. Carson M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1941 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb 13
1940 to April 13, 1941;
that I last saw her or alive on April 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 3 days

Due to _____

Due to _____

Other conditions Diabetes mellitus,
(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? _____

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

23. Signature Walter Smith (M. D. or other) _____
Address 1214 W Pleasant Aurora Date signed 4/14/41

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

53
1
1

RECEIVED
District Health Officer No. 6,
District File Number 541-753
Date Filed MAY 8 1941

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.