

STANDARD CERTIFICATE OF DEATH

18881

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

Registration District No. 771

Primary Registration District No. 4462

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

1. PLACE OF DEATH:

(a) County St. Francis  
 (b) City or town Beansport, Mo.  
 (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)

3. (a) PRINT FULL NAME VIOLA BRAME

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ed 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 15 - 1876  
 (Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carter County, near Van Buren, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER, FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Mr. Wm. O'Neal  
 13. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mrs. Sarah Cates O'Neal  
 15. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zoe Beard (Sister)

(b) Address Leppan, Mo.

17. (a) May 25 (b) Date thereof May 25, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mill Springs, Cemetery

18. (a) Signature of funeral director Alvin W. Hood

(b) Address Flat River, Mo.

19. (a) May 23 - 41 (b) J. W. Gale, M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francis  
 (c) City or town Beansport  
 (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 May day 23rd  
 year 1941 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased By Request  
Doctors May 23rd 1941

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Supernatural age  
fray, Varied: We the undersigned  
that the deceased came to her  
death from natural causes due  
to infirmities of old age and a  
heart ailment.  
 Due to \_\_\_\_\_

Duration

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) Natural Cause

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Beansport, St. Francis, Mo.  
 (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 3

23. Signature Lucene Carroll Coroner (Mr. D. or other)

Address Carroll Lane, Mo. Date signed 5/23/41

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

**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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, 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, above space should be left blank.**