

Registration District No. 725

Primary Registration District No. 4431

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town CENTER SUM  
(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 1  
(Specify whether  
In this community 7.5 years  
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH BETTIE COUCH

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, separated~~  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased December 31, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 3 # hr. min.

9. Birthplace Summit 1 Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name William Stephen  
13. Birthplace Summit 1 Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mildred Lawson  
15. Birthplace Summit 1 Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant R. P. Henderson  
(b) Address Center, Mo.  
17. (a) Burial (b) Date thereof April 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Cemetery  
18. (a) Signature of funeral director Edna Campbell  
(b) Address Center, Missouri  
19. (a) Apr. 2-42 (b) Mrs. Earl Perkinson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87  
(c) City or town Center 0  
(If outside city or town limits, write "RURAL") (c)  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1942 hour 4 minute 50 P.M.  
21. I hereby certify that I attended the deceased from April 1, 1942 to April 1, 1942  
that I last saw her alive on April 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to Spontaneous rupture of neck of left femur, pain 9 hours  
Due to fall

Other conditions (Include pregnancy within 3 months of death) 1860

Major findings:  
Of operations none  
Of autopsy none

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) Accident  
(b) Date of occurrence April 1, 1942 087  
(c) Where did injury occur? Center Ralls 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) Self at home  
(e) Means of injury

23. Signature C. H. Brooke (M. D. or other) M.D.  
Address Center Date signed Apr. 2-42

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

87  
0  
0

RECEIVED

District Health Officer No. 10

District File Number 5-42-946

Date Filed MAY 12 1942

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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed

*Edgar B. Schlanker*

Licensed Embalmer No. 4136

P. O. Address. Center, Missouri

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.