

FILED JUL 6 1942

Registration District No. 639

Primary Registration District No. 4-38-3-5848

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Osage Rural
(b) City or town (If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: 1 Benton Sup
(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 Mary Tharp

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

4. Sex F 1 5. Color W 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased June 7 - 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Chambers Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Frank Hammond
13. Birthplace Kentucky
14. Maiden name Hannah Stahl
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Tharp
(b) Address Chambers R. D

17. (a) Burial (b) Date thereof 5-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director Clyde Norton
(b) Address Lincoln Mo

19. (a) June 3-42 (b) Esther Soder
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29
year 1942 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from 1938
19... to May 29 19...
that I last saw her alive on May 26 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs
Bronchial pneumonia
(Bilateral)
Due to Chronic Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
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?

While at work? (Specify type of place) (g) Means of injury
23. Signature W. M. K. Kelly (M. D. or other)
Address Chambers 0-304 1/2 Date signed

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

76
00

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 *Norman M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Linn*

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.