

Registration District No. 67

Primary Registration District No. 5259

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Bruner Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bruner Hosp
(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

2. USUAL RESIDENCE OF DECEASED: 22

(a) State Mo (b) County Christian

(c) City or town Bruner
(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.

3. (a) PRINT FULL NAME MARY CULEY

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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21- 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Dean Culey

13. Birthplace Bruner Mo
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Perkins

15. Birthplace Burgman Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Dean Culey

(b) Address Bruner Mo

17. (a) Burial (b) Date thereof June 23 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation union Chapel

18. (a) Signature of funeral director Otto Raab

(b) Address Sparta Mo

19. (a) 8-4-1943 (b) W. S. M. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1943 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from June 21st, 1943 to June 21, 1943
that I last saw h. e. t. alive on June 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature (6th mo. gestation)

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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) _____

(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)

(c) Means of injury _____

23. Signature W. S. M. Johnson (M. D. or other) 4460

Address Sparta Mo Date signed 8-3-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.