

FILED AUG 8 1944

Registration District No. **88**

Primary Registration District No. **5307**

Registrar's No. **13**

1. PLACE OF DEATH

(a) County Cole

(b) City or town Russellville Rural (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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME EFFIE HALLAM

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 2

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

7. Birth date of deceased Jan 5 1929 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Louis Raison

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

14. Maiden name Sarah Williams

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

16. (a) Informant Mrs. Fred Davis

(b) Address Russellville MO

17. (a) Burial, cremation, or removal Buried **(b) Date thereof** 7-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Russellville Cem.

18. (a) Signature of funeral director _____

(b) Address Russellville MO

19. (a) Date received local registrar July 10-44 **(b) Registrar's signature** Mrs. E. W. Plummer

2. USUAL RESIDENCE OF DECEASED:

(a) County Missouri (b) County Cole

(c) City or town Russellville Rural (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from July 7 1944 to July 7 1944 that I last saw her alive on July 7 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Sudden

Due to _____

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place)

(e) Years of injury _____

23. Signature Walter S. Leslie (M. D. or other)

Address Russellville, Mo **Date signed** 7-9-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

2600

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 8-4-44

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.

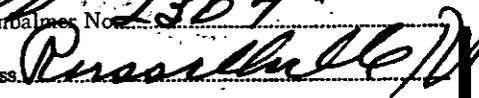
Signed



Licensed Embalmer No.

2307

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, above space should be left blank.