

FILED MAY 2 1945

Primary Registration District No. 4029

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Mindenmines
(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 no
(Specify whether years, months or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Mindenmines
(If outside city or town limits, write "RURAL")
(d) Street No. 311 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Ir

3. (a) PRINT FULL NAME Elizabeth Davis

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 widow
6. (b) Name of husband or wife Wm. John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 15 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 16 hr. min.

9. Birthplace Shercork Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name Thos. McCullough
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Rusk
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Merril R. Davis
(b) Address Petersburg, Va.

17. (a) Burial (b) Date thereof 3 5 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive, Pittsburg

18. (a) Signature of funeral director Wellsworth
(b) Address Pittsburg, Kansas

19. (a) Mar. 8-1945 (b) Blanche Sackett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1945 hour 1 minute 45 P M.

21. I hereby certify that I attended the deceased from 2/16
1945 to 3/1 1945
that I last saw h. alive on 3/1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to _____

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

Major findings:
Of operations Spinal
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?
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature George H. Hill (M. D. or other)
Address _____ Date signed 3/9/45

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

No. 67
District Officer
Dis. File No. 445-438
District Filed
Date Filed AARR 17 1945

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 Robert A. Herrmann
Licensed Embalmer No. 3700
P. O. Address Pittsburg, Kansas

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.