

S. No. 2
OM-5-43.
v. 5-17-39
I X36871

State File No. 20772
Registrar's No. 5

FILED Jul 13 1945

Registration District No. 182

Primary Registration District No. 5679

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town New Boston *Baker Inn*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town New Boston 58
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Dell

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 widowed

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

7. Birth date of deceased Nov 5 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 21 1945 to June 21 1945;
that I last saw her alive on June 21 1945;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>7</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Coronary thrombosis 24 hours

Due to _____

Due to _____

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Levi Moore

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

14. Maiden name Anna Bunch

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

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER {

16. (a) Informant A. J. Moore

(b) Address New Boston Mo

17. (a) Burial (b) Date thereof June 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swink

18. (a) Signature of funeral director M. W. Callahan

(b) Address South Gifford Mo

19. (a) 6-22-45 (b) Mrs Amy Montgomery
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature J. R. McAuliffe (M. D. or other) _____

Address Browning Mo Date signed 6/22-45

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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..... *J. H. McCallum*

RECEIVED
District Health Officer No. 11;

Licensed Embalmer No. 2052.....

District File Number.....
Date Filed.....

P. O. Address..... South Gifford Mo.....

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.