

No. 2
M-2-43
5-17-39
P1 X39697

FILED JAN 9 1946

State File No. _____

Registration District No. 1149

Primary Registration District No. 1002

Registrar's No. 5284

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Gen Hosp I
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 4 hrs 20 min
(Specify whether _____)

In this community _____
years, months or days 1 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Saline 999

(c) City or town Salina 1-1
(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 _____

3. (a) PRINT FULL NAME MRS BETTY WOODS

(b) If veteran, name war no

3. (c) Social Security No. 489-30-4867

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1945 hour 7:30 minute a M.

21. I hereby certify that I attended the deceased from _____
known, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased June 25 1922
(Month) (Day) (Year)

Immediate cause of death Bichloride of Mercury poisoning

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy no
Histology & Prognosis

8. AGE: Years Months Days If less than one day

23 5 25 hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business Widow

12. Name Wendy Tribett

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

14. Maiden name Beulah Johnson

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

16. (a) Informant Mrs Beulah Rose

(b) Address 1515 W Wash

17. (a) Removal (b) Date thereof: 12/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina Kans

18. (a) Signature of funeral directors Sebbeto's

(b) Address Keokuk Mo

19. (a) 12-21-45 (b) Donaldene Holmes
(Date received local registrar) (Registrar's signature)

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) suicide

(b) Date of occurrence 12-20-45

(c) Where did injury occur? 2529 Summit St. Salina Kans
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes

While at work? no (Specify type of place) (e) Means of injury Bichloride of Mercury

23. Signature John W. Miller (M. D. or other) _____
Address 1424 N. 1st St. Salina Mo Date signed 12-20-45

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..... *Ray E Snow*.....

Licensed Embalmer No. *2568*.....

P. O. Address *K E M*.....

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.