

22633

FILED JUL 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 13

Primary Registration District No. 5057

Registrar's No. 50

1. PLACE OF DEATH:

(a) County... Barry

(b) City or town... "Rural" Kings Prarie Twp.

(c) Name of hospital or institution:
Verona, Mo. Rt. # 1

(d) Length of stay: In hospital or institution... 19 yrs

In this community... 19 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo.

(b) County... Barry

(c) City or town... "Rural"

(d) Street No... Verona, Mo. Rt. 1

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Mary Imogene Fly

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-22-0950

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 1946 to June 25 1946 that I last saw her alive on June 25 1946 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 S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 23 1926

Immediate cause of death: Edema of Lungs.

Due to: asthma

Due to: Disease of mitral valve of heart.

Other conditions: _____

8. AGE: Years 19 Months 11 Days 2

9. Birthplace Barry County Mo.

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Herschel Benton Fly

13. Birthplace Barry county Mo.

14. Maiden name Hila R. Stockton

15. Birthplace Barry county, Mo.

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? _____

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

16. (a) Informant H. B. Fly

(b) Address Verona, Mo. Rt. 1

17. (a) burial (b) Date thereof June 27 46

(c) Place: burial or cremation Kelton Cem.

18. (a) Signature of funeral director Joan Turner Stone

(b) Address Cassville, Mo.

19. (a) 7-6-46 (b) w. m. west

23. Signature: Hermett T. Dalger (M. D. or other) _____

Address: Cassville Mo. Date signed June 26

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

21497

10-2
DM-543
v. 5-17-39
I X38671

RECEIVED

District Health Officer No. 6,

District File Number 746-753

Date Filed JUL 12 1946

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.