

FILED MAR 31 1947

Registration District No. 36

Primary Registration District No. 5322 4/4 9

Registrar's No. 13-1947

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Cuba
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home of Webb Shockley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Cuba, R. R. # 3
(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 Patsy Marie Vincent

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased February 24, 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Forest D. Vincent

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

14. Maiden name Marie Taber

15. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Forest D. Vincent

(b) Address R. R. 3, Cuba, Missouri

17. (a) Burial (b) Date thereof 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinder Cem. Cuba, Mo.

18. (c) Signature of funeral director Shanklin Funeral Home

(b) Address Cuba, Missouri

19. (a) 3/18/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1947 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 24, 1947, to March 17, 1947.
that I last saw him or alive on March 17, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza pneumonia 2 da.

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) Means of injury 2

23. Signature [Signature] (M. D. or other) DO

Address Steelville Mo Date signed 3/19/47

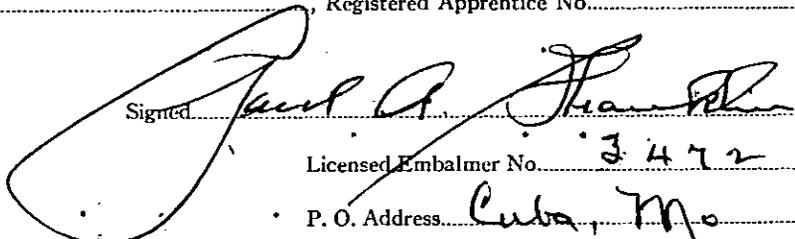
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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



Licensed Embalmer No. 3472

P. O. Address. Cuba, 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.