

FILED AUG 4 1947

State File No.

Registration District No. 268

Primary Registration District No. 5906

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jennison
(b) City or town Wardlee Rural
(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 _____ (Specify whether
In this community 2 1/2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jennison
(c) City or town Wardlee Rural
(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 Nellie Fay Beesby
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 10
year 47 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from _____, 1947, to 7-10, 1947;
that I last saw her alive on 4-10, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Duration
Peripartal Debility 8 days
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Bill Beesby 0
13. Birthplace Pinnet Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Mae Briggs
15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Bill Beesby
(b) Address Wardlee 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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) _____ (b) Date thereof 7-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shis make peach Orchard

18. (a) Signature of funeral director Father
(b) Address Wardlee Mo

23. Signature H. G. ... (M. D. or other)
Address Wardlee Date signed _____
While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) 7-15-47 (b) Mrs. H. G. ...
(Date received local registrar) (Registrar's signature)

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.....

P. O. Address.....

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.