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FILED JUL 12 1948

State File No.

Registration District No. 182

Primary Registration District No. 5684

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Eversonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(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 Eversonville 0
(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 XXXX

3. (a) PRINT FULL NAME

Cassie Gray

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

7. Birth date of deceased August 27 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 28
If less than one day hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER, FATHER

12. Name Eban Tharp

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

14. Maiden name Josephine Condor

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

16. (a) Informant J.H. Gray

(b) Address Meadville, Missouri

17. (a) Burial (b) Date thereof 5/30/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parson Creek Cem/

18. (a) Signature of funeral director Thorne Undt, Co.

(b) Address Linneus, Mo. (W. & S. Taylor)

19. (a) une 30-49 (b) Mrs. Biede Kelley
(Date received local registrar) (Registrar's signature) 1/25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1948 hour 4:00 minute p. M.

21. I hereby certify that I attended the deceased from Dec 29, 1947 to May 27, 1948
that I last saw her alive on May 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Senile Degeneration

Due to _____

Due to Fractured femur

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 Dec 29, 1947 58

(c) Where did injury occur? Rural Linn Mo.
(City or town) (County) (State)

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

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

23. Signature A. B. ... (M.D. or other) 100

Address Wheeling, Missouri Date signed 5/29

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

W.R. Wright

....., Registered Apprentice No. 207

working under my personal supervision.

Signed.....

David A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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.