

FILED AUG 5 1948

Registration District No. **47**Primary Registration District No. **3008**Registrar's No. **223**

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town 302 E 2nd St. Fulton, Mo
 (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 Life (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME Martha Beuford Vier

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 Widowed6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years7. Birth date of deceased May 6 1865
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
83 2 22 hr. min9. Birthplace Callaway County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business _____

12. Name William Epperson
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)14. Maiden name D.K.
 15. Birthplace _____
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Glen Glascock
 (b) Address Fulton, Missouri17. (a) Burial (b) Date thereof 7-30-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hillcrest18. (a) Signature of funeral director Wallace Funeral Home
 (b) Address 7 W 6th St. Fulton, Missouri19. (a) 7-30-1948 (b) Joan Moush...
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway **14**
 (c) City or town Fulton **1**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 302 E 2nd St. **1**
 (If rural, give location) **0**
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1948 hour 11 minute 10 P.M.21. I hereby certify that I attended the deceased from 1945
 _____, 19____ to death 19____that I last saw her alive on July 28, 19____
 and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia **3 das**
 Duration _____

Due to _____

Due to _____

Other conditions Severely **2 yrs.**
 (Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN _____
 Of operations _____Of autopsy 10

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?
 _____(e) Signature of physician John D. Brewer (Specify type of place) _____
 (f) Address Fulton (g) Date signed 7-30-48
 (h) Means of injury _____

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 2 1948

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 *Denzil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton mt*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.