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7-39
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FILED AUG 11 1948

Registration District No. **181**

Primary Registration District No. **4293**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Lincoln**

(b) City or town **Elsbury**
(If outside city or town limits, state "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** County **Lincoln** **57**

(c) City or town **Elsberry** **9**
(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 **Virginia Lee Moudy**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23rd**
year **1948** hour **10:05** minute _____ M.

21. I hereby certify that I attended the deceased from **July 23rd 9³⁰ AM**, 1948, to **July 23rd**, 1948;
that I last saw **her** alive on **JULY 23rd**, 1948;
and that death occurred on the date and hour stated above.

5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Vernon Maudy**

6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **January 16 1931**
(Month) (Day) (Year)

Immediate cause of death **POISONING** Duration **1 hour**

8. AGE: Years **27** Months **6** Days **7** If less than one day _____ hr. _____ min.

Due to **SODIUM FLUORIDE POWDER**

9. Birthplace **Arkansas** (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Housewife**

Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER

12. Name **Grover Sides**

13. Birthplace **Arkansas** (City, town, or county) (State or foreign country)

Of autopsy **1137**

14. Maiden name **Edie Payne**

15. Birthplace **Arkansas** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Vernon Maudy**

(b) Address **Elsberry, Mo**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **7/25/48**
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **SUICIDE**

(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? _____

(c) Place: burial or cremation **Elsberry Cem.**

18. (a) Signature of funeral director **Cliff Mills**

(b) Address **Elsberry, Mo**

While at work? _____ (Specify type of place) (c) Means of injury **D**

19. (a) **July 25/48 Mrs. V. Maudy** (Date received local registrar) (Registrar's signature)

23. Signature **W. J. Brown** (M. D. or other) **MO**
Address **ELSBERRY, MO** Date signed **7/24/48**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 10 1948

SEP 3 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, on July 23

....., Registered Apprentice No.
working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, 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.