

No. 300
10-47
5-17-39
PI 3906

FILED OCT 11 1948

Registration District No. **175**

Primary Registration District No. **3036**

Registrar's No. **83**

1. PLACE OF DEATH:

(a) County **LAWRENCE**
(b) City or town **Aurora**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 W Jasper
(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)

3. (a) PRINT FULL NAME **Roxana MIDDLEY**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **March 4 1855**
(Month) (Day) (Year)

8. AGE: Years **93** Months **6** Days **27** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Loy**

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

14. Maiden name **Barbara Parkins**

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

16. (a) Informant **Wynnan B. Pappas**

(b) Address **Chicago Ill**

17. (a) **Burial** (b) Date thereof **Sept 3, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park, Chicago**

18. (a) Signature of funeral director **Walter J. Ward**

(b) Address **Chicago, Ill**

19. (a) **9-28-48** (b) **Orville Mc Natt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Aurora**
(If outside city or town limits, write "RURAL")
(d) Street No. **315 W Jasper**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **31**
year **1948** hour **9:11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 17** to **August 31**, 19**48**
that I last saw her alive on **August 31**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **Yes**

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy **Yes**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

23. Signature **St. P. Cretto M.D.** (M? D. or other) _____

Address **Aurora, Mo** Date signed **9-1-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1048-1149

Date Filed 10-9-48

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

Myself

Registered Apprentice No. 211

working under my personal supervision.

Signed

Osborn L. Marsh

Licensed Embalmer No. 3812

P. O. Address *Quora 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.