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K47070

FILED DEC 2 1948 3  
Registration District No. 3

Primary Registration District No. 3051

State File No. \_\_\_\_\_  
Registrar's No. 82

1. PLACE OF DEATH:  
(a) County Perry  
(b) City or town Perryville Mo.  
(c) Name of hospital or institution: /  
(d) Length of stay: In hospital or institution 60-1-29  
In this community 60-1-29

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Perry  
(c) City or town Perryville Mo.  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Bertha Edmond  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

20. DATE OF DEATH: Month November day 25  
year 1948 hour 9 minute 22 P. M.  
21. I hereby certify that I attended the deceased from Mar 15 to Nov 25  
that I last saw her alive on Nov 25 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased September 26 1888

Immediate cause of death Carcinoma metastatic from  
Duration 9 mo.

8. AGE: Years 60 Months 1 Days 29  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Carcinoma - Breast  
Due to \_\_\_\_\_

9. Birthplace Bollinger Co. Missouri

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 50

10. Usual occupation House Wife

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

11. Industry or business \_\_\_\_\_  
12. Name Mose Harper  
13. Birthplace Bollinger Co. Missouri  
14. Maiden name Sarah Cook  
15. Birthplace Bollinger Co. Missouri

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

16. (a) Informant John L. Edmond  
(b) Address Perryville Mo.  
17. (a) Burial (b) Date thereof 11-28-1948  
(c) Place: burial or cremation Yount Mo.

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Perryville Mo. Date signed 11-27-48

18. (a) Signature of funeral director Youngers  
(b) Address Perryville Mo.  
19. (a) 11-27-48 (b) Joe J. Zoellner

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

RECEIVED

District Health Officer No. Y  
District File Number 1248-1486  
Date Filed 12-1-48

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

Signed Wallace Young  
Licensed Embalmer No. 27027  
P. O. Address Perryville 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.