

Registration District No. 497

Primary Registration District No. 4300

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Browning
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXXXX
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Browning
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXXXXXXX
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Lillian Cereta Cassity 230

20. DATE OF DEATH: Month November, day 25th
year 1939 hour 9 minute 20 A. M.

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

21. I hereby certify that I attended the deceased from Nov 22, 1939, to Nov 25, 1939;
that I last saw her alive on Nov 24, 1939;
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 Widowed
6. (b) Name of husband or wife XXXXXXXX 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased July 22, 1867
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>4</u>	<u>3</u>	hr. _____ min.

Due to _____
Due to _____

9. Birthplace Noble County, Ohio
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name William Thurlo

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

14. Maiden name Margaret Hutchins

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

16. (a) Informant's own signature Mrs. Belle Wiley

(b) Address Browning, Missouri

17. (a) Burial (b) Date thereof 11/27/1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cemetery

18. (a) Signature of funeral director Thorne Undertaking

(b) Address Linneus, Missouri

19. (a) 11/27 (b) Mrs. Lila Williams
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy _____

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 J.R.M. Carter (M. D. or other) _____

Address Browning, Mo. Date signed 11/27

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
STATE OF MISSOURI
DEPARTMENT OF HEALTH
1239-1726
DEC 15 1939

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..... *Clawd A. Taylor*
Licensed Embalmer No. *3761*
P. O. Address *Linneus, 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, above space should be left blank.