

FILED MAR 16 1942

Registration District No. **196**

Primary Registration District No. **3038**

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 320 N. Salt Pond 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 34 yr
years, months or days

3. (a) PRINT FULL NAME MARY ELIZABETH BOOKER

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

4. Sex F 3. 5. Color or race B 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased Dec-17-1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 2 5 hr. min.

9. Birthplace Saline Mo Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wilson Crutchfield

13. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

14. Maiden name Maw

15. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Monroe Booker
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Feb-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo

19. (a) Feb 24, 1942 (b) Mrs. O. W. Bethrock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. 320 N. Salt Pond 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1942 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 13th Feb 1942, to 22nd Feb 1942
that I last saw her alive on Feb 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to High Blood Pressure.

Due to _____
Other conditions ✓
(Include pregnancy within 3 months of death) 830

Major findings: ✓
Of operations _____
Of autopsy None

Duration
8 Days.

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 W. H. Madison (M. D. or other) _____
Address Marshall Mo. Date signed 2-22-42

1215

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-12-42.....

MAR 26 1942

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.....

Fred Wilkinson

Licensed Embalmer No. 2478.....

P. O. Address.....

Clinton

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.