

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.

Registration District No. 773

Primary Registration District No. 4484

Registrar's No. 174

1. PLACE OF DEATH:

(a) County San Francisco

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

(c) Name of hospital or institution:  
406 Patterson Street   
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 53 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. 406 Patterson Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Margaret Pucy Soling 1157

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife Tom Soling

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug 19 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>53</u>		<u>3</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace San Francisco Cal. MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker 1

11. Industry or business \_\_\_\_\_ 0

12. Name George Hallett

13. Birthplace California MO. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Taylor

15. Birthplace San Francisco Cal. MO. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Belle E. Hallett

(b) Address 405 Patterson Street Farmington Mo

17. (a) Burial (b) Date thereof Nov. 15 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View Cemetery Farmington Mo

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Farmington Mo

19. (a) Nov 15-39 (b) T. B. Robinson  
(Date received local registrar) (Registrar's signature)

U. P. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1939 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 11  
1939 to Nov 13 1939;

that I last saw her alive on Nov 13 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration \_\_\_\_\_

Due to Intracranial neoplasm, type unknown

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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 Geo. F. Walker (M. D. or other) \_\_\_\_\_

Address Farmington Mo Date signed 11-15-39

**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.....

*me*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*C. H. Cozcan*

Licensed Embalmer No. *4184*

P. O. Address *Farmington, N.H.*

**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.**