

Registration District No. 13Primary Registration District No. 4010Registrar's No. 3

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 days3. (a) PRINT FULL NAME Isyphemia Deming3. (b) If veteran, _____ 3. (c) Social Security, _____
name war _____ No. _____4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W6. (b) Name of husband or wife William Deming 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 3 29 1850
(Month) (Day) (Year)8. AGE: Years 89 Months 9 Days 10 If less than one day _____
hr. _____ min. _____9. Birthplace un known Ill
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business

12. Name Alexander & Files18. Birthplace un known Ill
(City, town, or county) (State or foreign country)14. Maiden name un known
(City, town, or county) (State or foreign country)15. Birthplace un known un known
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. J. E. Boatright(b) Address Savannah mo17. (a) Burial (b) Date thereof 1-10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Savannah18. (a) Signature of funeral director E. B. Breit(b) Address Savannah mo19. (a) Jan. 10. 1940 (b) Mrs. Jennie Rash
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah mo
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 1940 hour 2 minute 45 A M.21. I hereby certify that I attended the deceased from Jan 7th to Jan 11th 1940that I last saw her alive on Jan 7th 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Infectious Duration 4 daysDue to Flu

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none

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 places, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ralph P. Kelley (M. D. or other) _____Address Savannah Mo Date signed 1-8-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 240-31

Date Filed FEB 5, 1940

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.