

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison
 (b) City or town Bethany Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Harrison Co. Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution at home
 (Specify whether years, months or days) 8 years

8. (a) PRINT FULL NAME Alice Bill 4808. (b) If veteran, name war - 8. (c) Social Security No. -4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years7. Birth date of deceased 7-10 - 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 8 20 hr. min.9. Birthplace Harrison Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business

12. Name Ajzate Bill18. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Mary Ann Reagin Indiana
(City, town, or county) (State or foreign country)15. Birthplace Indiana
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs John Prater(b) Address W. W. Prater17. (a) Burial (b) Date thereof 3-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wagon Cemetery18. (a) Signature of funeral director W. W. Prater(b) Address Bethany Mo.19. (a) 4-1-40 (b) A. P. Weisling
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
 (c) City or town Bethany Rural
 (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 March day 30
year 1940 hour 2 P.M. minute - P.M.21. I hereby certify that I attended the deceased from Dec.
1939 to March 30, 1940
that I last saw her alive on March 25, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic interstitial Nephritis 1939.
DurationDue to -Due to -Other conditions Senility
(Include pregnancy within 3 months of death)Major findings: None
Of operationsOf autopsy None

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? -302 While at work? - (Specify type of place)
(e) Means of injury -28. Signature A. P. Weisling (M. D. or other) -Address Bethany Mo. Date signed 4-7-40

MAY 15 1940 34

RECEIVED
District Health Officer No. 11,
District File Number 3-46-688
Date Filed MAY 9 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.....

Licensed Embalmer No. *3899*

P. O. Address *Bethany*

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.