

Registration District No. 708

Primary Registration District No. 5537 d

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Polk
 (b) City or town South Cherokee Goodson
(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 2
(Specify whether)
 In this community 2
years, months or days

3. (a) PRINT FULL NAME MARY F Viles
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased Oct 15 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation house keeper

11. Industry or business blacked

MOTHER FATHER
 12. Name Warren
 13. Birthplace not known
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Warren
 15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Winnie Bradley
 (b) Address Santa Paula Ark

17. (a) Burial (b) Date thereof Aug 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Polk Mo

18. (a) Signature of funeral director Dutchison
 (b) Address Polk Mo

19. (a) Aug 10 1940 (b) Mae Zimmualt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk
 (c) City or town Goodson 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 Aug day 11
 year 1940 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from Aug 6
 1940, to Aug 7, 1940
 that I last saw him alive on Aug 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Rat bite fever
 Duration _____

Due to _____
 Due to 34 C

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature A. B. Hanan (M. D. or other) _____
 Address Polk Mo Date signed 8-14-40

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

District Health Officer No. 7,

District File Number 9-40-1326

Date Filed 9-12-40

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.....

P. O. Address.....

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.