

FILED OCT 11 1940
73

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Five years years, months or days

3. (a) PRINT FULL NAME Mary Emma Medley
3. (b) If veteran, name war ✓
8. (c) Social Security No. ✓

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 4 - 7 - 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 15 hr. min.

9. Birthplace Bunker Hill Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ✓

MOTHER FATHER
12. Name James B Clark
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe B. Hinch
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Culver
(b) Address 406 Maupain Rd, Columbia, Mo.
17. (a) Burial (b) Date thereof 9-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia, Mo.
18. (a) Signature of funeral director Barber
(b) Address Columbia, Mo.
19. (a) 9/25/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 0406 Maupain Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 22,
year 1940, hour 3:30, minute 00, M.

21. I hereby certify that I attended the deceased from Sept 17
Sept 21 1940 to 9-22 1940
that I last saw her alive on 9-22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 3 days

Due to Infection
Due to 92 W

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
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?
74 (Specify type of place)
While at work _____ (a) Means of injury _____
23. Signature Stephen D. Kueck (M. D. or other)
Address Columbia, Mo. Date signed _____

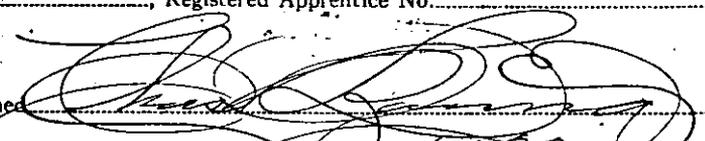
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 1132

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.