

Registration District No. 677 Primary Registration District No. 4403

OCT 23 1940

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Paris
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McGarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution five days (Specify whether)
In this community five days (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Vivian Elizabeth Talley

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Feb 18 1934
(Month) (Day) (Year)

8. AGE: Years 6 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER
12. Name Carl Hubert Talley
13. Birthplace Salem Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann
15. Birthplace Evansville Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Talley

(b) Address Steville Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 9/25-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Steville Cemetery

18. (a) Signature of funeral director J. James

(b) Address Steville Mo

19. (a) Sept 25, 1940 (b) Jos. F. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford
(c) City or town Steville Mo (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 Sept day 23
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 22, 1940, to Sept 23, 1940
that I last saw her alive on Sept 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute enteric Colitis 9-19-40
Duration

Due to _____

Due to _____

Other conditions 11/12
(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 plant, in public place? _____

While at work? 610 (Specify type of place) (c) Means of injury _____

23. Signature William H. Briley (M. D. or other) _____

Address St James Mo Date signed 9/23/40

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

RECEIVED

District Health Officer No. 5,

District File Number 10401034

Date Filed _____

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 R. J. Jones

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. J. Jones

Licensed Embalmer No. 2379

P. O. Address Shelville, 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.