

Registration District No. 683Primary Registration District No. 5911Registrar's No. 12

1. PLACE OF DEATH:

- (a) County Pike
 (b) City or town Ashley
 (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 days _____

3. (a) PRINT FULL NAME Annie Eliza McPuke

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

4. Sex F 5. Color or race Neg 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Aug 7 1856
(Month) (Day) (Year)8. AGE: Years 84 Months 3 Days 2 If less than one day _____ hr. _____ min.9. Birthplace: Pike Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Rubben Brown13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Sarah Keith Brown15. Birthplace Virginia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Thy One Pikel(b) Address Ashley Mo17. (a) BURIAL (b) Date thereof 11-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ashley, Mo18. (a) Signature of funeral director Grace Randolph(b) Address Bowling Green Mo19. (a) Nov-10-40 (b) Mrs. Eliza Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike
 (c) City or town Ashley
 (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 Nov. day 9th
year 1940 hour 7 minute 20 A. M.21. I hereby certify that I attended the deceased from free, 1940,
13, 1938, to 11/9, 1940,
that I last saw her alive on 11/8, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Nephritis ✓

Due to _____

Due to 135Other conditions _____
(Include pregnancy within 3 months of death)Major findings: None PHYSICIAN _____
Of operations _____Of autopsy None 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? 870

(Specify type of place) _____ (e) Means of injury _____

23. Signature August Barron (M. D. or other) _____Address Bowling Green, Mo Date signed 11/10/40

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

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.

MARGIN RESERVED FOR BINDING

RECEIVED

District Health Officer No. 10

District File Number 12-40-2219

Date Filed DEC. 7 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 Grace Danphred

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.