

Registration District No. 701

Primary Registration District No. 6792

Registrar's No. 5

FEB 14 1941

1. PLACE OF DEATH:  
(a) County Polk  
(b) City or town Cligot  
(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.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Polk  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Margaret O Ables  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 16<sup>th</sup>  
year 1941 hour 3 minute 40 P.M.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife M Ables  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased March 23 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1940 to Jan 16 1941;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 10 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Tuberculosis  
Influenza  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation house wife

11. Industry or business  
12. Name Emps Pickering  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Devine  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Alma Benson  
(b) Address Cligot Missouri  
17. (a) Burial (b) Date thereof Jan 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cligot  
18. (a) Signature of funeral director Hutchison & Co.  
(b) Address Bolivar Missouri  
19. (a) 1/18/41 (b) J. J. Roberts  
(Date received local registrar) (Registrar's signature)

23. Signature Dale McCran (M. D. or other)  
Address Bolivar Mo. Date sig 1/18/41

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 2-41-345

Date Filed 2-13-41

---

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.