

MAR 19 1941 846

Registration District No.

Primary Registration District No. 6283

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Rural - Hurley *Mo.*

(c) Name of hospital or institution: Billings, Mo. R#1.

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104

(c) City or town Rural

(d) Street No. Billings, R#1.

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Elizabeth Daum.

3. (b) If veteran, name war _____ (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased Aug. 6, 1845 (Month) (Day) (Year)

8. AGE:	Years 95	Months 5	Days 26	If less than one day hr. min.
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9. Birthplace Penn. (City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

12. Name Amos Mastin

13. Birthplace England (City, town, or county) (State or foreign country)

14. Maiden name Sarah Bagley

15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address Billings Mo. R. 1

17. (a) Burial (b) Date thereof Feb. 4, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labette, Kansas, cem.

18. (a) Signature of funeral director J. W. Maples (b) Address Clever, Mo. 107

19. (a) 3-10-1941 (b) H. G. Johnson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd year 1941 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to 930

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 _____

23. Signature Everett J. Cheatham coroner

Address Malena, Mo. Date signed Feb 4-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6

District File Number 341-423

Date Filed MARCH 17 1941

RECEIVED

District Health Officer No. 6,

District File Number

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

Registered Apprentice No.

working under my personal supervision.

Signed J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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, fact should be so stated above.