

Registration District No. 209

Primary Registration District No. 6128

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Janey  
(b) City or town Braunson Mo.  
(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 Three years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Janey  
(c) City or town Braunson (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 Feb day 22  
year 1941 hour 6 am minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from Feb 19th  
\_\_\_\_\_ 1941 to Feb 21st 1941  
that I last saw her alive on Feb 21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis with complete bowel congestion  
Due to \_\_\_\_\_  
Due to Hangreen Trauma  
Colic

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no

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

23. Signature J.M. Threadgill (M. D. or other) \_\_\_\_\_  
Address Forsyth Mo Date signed 2/24/41

8. (a) PRINT FULL NAME Mary Florence Byers

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Mr Byers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 23 - 1845  
(Month) (Day) (Year)

8. AGE: Years 95 Months 5 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Petersburg Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mary C. Hammond

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

14. Maiden name Mary Edmondson

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

16. (a) Informant Mrs. Chas Morrison

(b) Address Braunson Mo

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Petersburg Ind.

18. (a) Signature of funeral director Pa. Edmondson

(b) Address Braunson Mo

19. (a) 2-24-41 (b) John H. Baxter  
(Date received local registrar) (Registrar's signature)

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

600

RECEIVED MAR 17 1941

RECEIVED

District Health Officer No. 6,

District File Number 341-342

Date Filed JAN 3 1941

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 *F. A. Thornhill*

Licensed Embalmer No. 2641

P. O. Address *Branson 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.