

Registration District No. 212

Primary Registration District No. 5292

State File No. _____

Registrar's No. 6

1. PLACE OF DEATH:

(a) County. Cole
(b) City or town. Russellville Rural Club
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cole 26
(c) City or town. Russellville 0
(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.? _____ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 22
year 1941 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from 4/17, 1941, to 4/22, 1941;
that I last saw her alive on 4/22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Measles. 5-day
Due to non eruption
Due to Cholecystitis ?
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations. 35
Of autopsy _____

Duration

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?
192 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. D. Waller (M. D. or other) _____
Address Evans Mo Date signed 4/25/41

3. (a) PRINT FULL NAME Fay Malinda Dooley

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

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

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

7. Birth date of deceased June 17 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 5 If less than one day _____
hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name J. B. G. Enloe

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

14. Maiden name Ella A. Vaughan

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

16. (a) Informant Thomas Dooley

(b) Address Russellville Mo.

17. (a) Burial (b) Date thereof 4-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director H. D. Waller

(b) Address Russellville Mo.
19. (a) Apr 25-41 (b) Wm. J. Enloe
(Date received local registrar) (Registrar's signature)

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

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, Roy Stephens
working under my personal supervision.

Registered Apprentice No. _____

Signed Roy D. Stephens

Licensed Embalmer No. 4022

P. O. Address Russellville, m

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.