

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18251

FILED JUN 11 1941

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 33

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Aurora, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 316 West St. Louis Street
 (If not in hospital or institution, write street number or location) None
 (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 Lawrence
 (c) City or town Aurora
316 W. St. Louis St.
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alice E. Fly
 3. (b) If veteran, name war: ---
 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 16th
 year 1941 hour 9 minute 30 a.m.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife William Fly
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased: December 5, 1878
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 28
1941 to May 16 1941;
 that I last saw her alive on May 16 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Carcinoma of Liver Duration _____

8. AGE: Years 68 Months 5 Days 11
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Stone County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business At Home

MOTHER FATHER { 12. Name James Dotson

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

14. Maiden name Marissa McNealey

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

16. (a) Informant Amon Fly
 (b) Address 316 W. St. Louis St., Aurora, Mo.

17. (a) Burial (b) Date thereof 5/18/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park
 18. (a) Signature of funeral director Dean J. Marsh
 (b) Address Aurora, Mo.

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

19. (a) 6/6/41 (b) R. D. Curran M.D.
 (Date received local registrar) (Registrar's signature)

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 W. J. Herron (M. D. or other) _____
 Address Aurora, Mo. Date signed May 17 1941

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

RECEIVED

District Health Officer No. 6,

District File Number 641-894

Date Filed JUN 9 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.....

Myself

and

Forest Klepper

Registered Apprentice No. 143

working under my personal supervision.

Signed.....

Orson L. Marsh

Licensed Embalmer No. 3812

P. O. Address.....

Amoria 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.