

Registration District

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Primary Registration District No.

5991

State File No.

Registrar's No.

1760

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Rural & Harris  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 mile East of Purman  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley's  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mile East of Purman  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1 - 11, 1941, to June 22, 1941  
that I last saw her alive on June 15, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Lobar Pneumonia 10 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 10

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) (c) Cause of injury \_\_\_\_\_

23. Signature Clifford G. Goff (M. D. or other) D

Address Rocky Mountain Date signed 6/22/41

3. (a) PRINT FULL NAME MILDRED COROLINE TOTTAN

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased June 21, 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Olney Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name William Knight

13. Birthplace unk. 4 England (?)  
(City, town, or county) (State or foreign country)

14. Maiden name Ralston

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

16. (a) Informant Mrs. Elva Hankins

(b) Address Donishan, Mo. R.F.

17. (a) Burial (b) Date thereof June 24, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Minnie Dick

(b) Address Naylor, Mo.

19. (a) 6-23-41 (b) E. B. Johnston  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 5,  
District File Number 7411262  
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 Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.