

FILLED SEP 24 1941

Registration District No. 441

Primary Registration District No. 5399

Registrar's No. [Signature]

59
0
0

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

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Knox City (Rural) Bee Ridge
(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 1 (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 05-2
(c) City or town Knox City (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Bertha Dearing

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Otis Dearing 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased. 7 16 82
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 29 14 hr. min.

9. Birthplace Sully Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Shutts

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

14. Maiden name Cora O'Brian

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

16. (a) Informant Mrs. Cliff Haselwood

(b) Address Knox City Mo.

17. (a) Burial (b) Date thereof 8 17 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bee Ridge Cemetery

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina Mo.

19. (a) Aug 17 1941 (b) Mrs O M Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1941 hour 2:10 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1941
Aug, 1941, to Aug 15, 1941;
that I last saw her alive on Aug 15
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration
due to high blood pressure

Due to _____

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 Gial McQuarrie (M. D. or other) D

Address Knox City Mo. Date signed Aug 17/41

RECEIVED

District Health Officer No. 10

District File Number 9-41-1730

Date Filed SEP-18-1941

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

Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.