

No. 2  
-13-40  
17-39  
K23159

Registration District No. 718

Primary Registration District No. 6430

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

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville Ia. Ia.

(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 Mo (b) County Putnam

(c) City or town Unionville Mo

(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

3. (a) PRINT FULL NAME MARY EMMA DRURY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1941 hour 2 minute 13 A. M.

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife James Drury

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Birth date of deceased July 9 1862

21. I hereby certify that I attended the deceased from Aug 29, 1941, to Aug 29, 1941; that I last saw him alive on Aug 26, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 1 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Botulism Duration 4 days

Due to Ch. Corneo-Renal Dis.

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

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Home work.

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

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

Of autopsy \_\_\_\_\_

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

MOTHER FATHER { 12. Name James B Harper

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

14. Maiden name Sarah Jane

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

131a

16. (a) Informant Agnes Harper

(b) Address Unionville, Mo.

17. (a) Burial (b) Date thereof Aug 31-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo.

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director J. W. Sillman

(b) Address Unionville Mo

19. (a) Aug 30 1941 (b) J. W. Sillman

(Date received local registrar) (Registrar's signature)

23. Signature J. H. Putnam (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 8-29-41

RECEIVED

District Health Officer No. 10

District File Number 9-41-1607

Date Filed SFP - 8 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 Murk E. Husted

Licensed Embalmer No.....

P. O. Address.....

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.