

FILED SEP 11 1941

Registration District No. 206

Primary Registration District No. 6224

Registrar's No.

1. PLACE OF DEATH:

(a) County Wright B. Mans. Twp.
 (b) City or town Loring Rural Union
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
2 Miles Northwest Of Loring
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 55 Yrs.
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
 (c) City or town Loring Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 Miles Northwest Loring
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT
FULL NAME

Mary Elizabeth Beene
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F. / 5. Color of W. race
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Hiram C. Beene
 6. (c) Age of husband or wife if alive 1853 years
 7. Birth date of deceased June 13
 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 15
 If less than one day _____ hr. _____ min.

9. Birthplace Newark Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Richard Osburn
 13. Birthplace Virginia
 (State or foreign country)
 14. Maiden name Mary W. Humphrey
 (State or foreign country)
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gene E. Aldren
 (b) Address Oklahoma City, Okla. #111111
 17. (a) Burial (b) Date thereof 8 29 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shady Wood Cem.

18. (a) Signature of funeral director Gene E. Aldren
 (b) Address Stastelle Mo

19. (a) 9-3-1941 (b) W. J. Wynne
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
 year 1941 hour 8. minutes 45 M.

21. I hereby certify that I attended the deceased from Aug 10
10, 1941, to Aug 26, 1941
 that I last saw her alive on Aug 26
 and that death occurred on the date and hour stated above. 1941

Immediate cause of death

Acute Dysentery
 Due to _____
270
 Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations J. V. Hough

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 _____ (M. D. or other) _____
 Address _____ Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 94-1457

Date Filed SEP 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 _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, Md.

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.