

FILLED OCT 28 1941

Registration District No. 833

Primary Registration District No. 6096

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Cherry Dell  
(If outside city or town limits, write "RURAL" and name of township)  
R.O.D.  
(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 Shelby 102  
(c) City or town Cherry Dell  
(If outside city or town limits, write "RURAL")  
Rural  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16  
year 1941 hour ..... minute 12:50 AM  
21. I hereby certify that I attended the deceased from Mar  
1940 to Sept 15 1941  
that I last saw her alive on Sept 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death .....  
Bronchial pneumonia  
Due to Cerebral hemorrhage  
Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations .....  
Of autopsy .....  
107  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Florence R. Muffley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Franklin 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. 7, 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months - Days 9 If less than one day hr. .... min.

9. Birthplace Quincy ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Earl Tyeat  
13. Birthplace Adams Court ILL  
(City, town, or county) (State or foreign country)  
14. Maiden name Rara  
15. Birthplace ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Muffley  
(b) Address Quincy Ill. Mo

17. (a) Burial (b) Date thereof 9-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT Zion

18. (a) Signature of funeral director James O'Connell  
(b) Address Wentworth Mo

19. (a) ..... (b) .....  
(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 J. H. Hill (M. D. or other) M.D.  
Address Palmyra Date signed 9/19/41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1947

Date Filed OCT. 24 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 Michael J. O'Hanlon

Licensed Embalmer No. 3246

P.O. Address Hamburg 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.**