

FILLED NOV 22 1941

Primary Registration District No. 4549

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Mane  
(c) Name of hospital or institution Cyane Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright  
(c) City or town Mane  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME LINNA ELIZABETH GRAVEN

20. DATE OF DEATH: Month July day 3  
year 1941 hour 3 minute 30 a. M.

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

21. I hereby certify that I attended the deceased from July 2, 1941, to July 3, 1941;  
that I last saw him alive on July 3, 1941;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
7. Birth date of deceased: Sept 7 1908  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism  
Due to Child Birth

8. AGE: Years 33 Months 9 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name William Wade  
13. Birthplace Mane Mo  
14. Maiden name Grace  
15. Birthplace Mane Mo  
16. (a) Informant Upton Graven  
(b) Address Mane Mo  
17. (a) Burial (b) Date thereof July 4 1941  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director Steph  
(b) Address Mane Mo  
19. (a) 10-31-41 (b) Bernice Montgomery  
(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? \_\_\_\_\_  
(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 0  
Signature R A Ryan (M. D. or other) \_\_\_\_\_  
Address Mane Mo Date signed 10-31-41

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1750

Date Filed NOV 17 1941

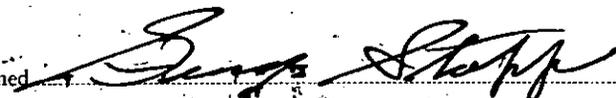
**STATEMENT BY LICENSED EMBALMER**

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

  
.....  
Licensed Embalmer No. 3191

P. O. Address W. H. Stepp

**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.**