

No. 2
1-4-41
-17-39
X26390

FILED JAN 20 1942

Registration District No. 2

Primary Registration District No. 4297

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Lincoln Mo.
(b) City or town Siles Mo.
(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
In this community 50 years. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Siles Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1941 hour 7 minutes 30 P M.

21. I hereby certify that I attended the deceased from Dec-1-1941 to Dec-9-1941
that I last saw her alive on Dec-9-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings: g3a
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 O.H. Danron (M. D. or other) O
Address Siles Mo. Date signed 12/10-41

3. (a) PRINT FULL NAME

Buanna King
3. (b) If veteran, name war No. 3. (c) Social Security No. 520

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. M. King 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased: March 28 1859 (Month) (Day) (Year)

8. AGE: 82 Years 8 Months 11 Days If less than one day hr. min.

9. Birthplace Louisiana Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Typical business

12. Name Aspiah Humphrey

13. Birthplace North Carolina (City, town, or county) (State or foreign country)

14. Maiden name Margaret J. King

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

16. (a) Informant Mrs. Margaret Humphrey

(b) Address Siles Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Cemetery

18. (a) Signature of funeral director T. R. Danron

(b) Address Siles Mo.

19. (a) 12-10-1941 (Date received local registrar) (b) O.H. Danron (Registrar's signature)

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

FEB 10 1912

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 W. R. Linnard
Licensed Embalmer No. 2251
P. O. Address Wiley 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.