

Registration District No. 2218

Primary Registration District No. 3015

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town BONNYVILLE, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RAVENS WAWY CLINIC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 WEEKS
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 569-S. Lafayette St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from March 4
1942 to Feb 2 1942
that I last saw him alive on Feb, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cholemia
Due to Carcinoma of head
of parotid and
Due to of common duct

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: See above - Hb G
Of operations _____
Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MRS. FRANCES BRAY
3. (b) If veteran, name war ✓
3. (c) Social Security No. no

4. Sex Female 5. Color or race white
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if divorced widowed
alive _____ years
7. Birth date of deceased: Sept. 3 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace COOPER, CO. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name JAMES LONGCORE
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John M. Wright
(b) Address 2131 1/2 Ave St. Charles
17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Maus.
18. (a) Signature of funeral director J. John Murray
(b) Address Marshall Mo
19. (a) 26-4-1942 (b) Dr. Chas. Swapp
(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 John Murray (M. D. or other) _____
Address _____ Date signed Feb 4
1942

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

MAR 12 1942

RECEIVED

District Health Officer No. 8

District File Number

2-14-42

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 *J. Leslie Surrency*.....

Licensed Embalmer No. *3235*.....

P. O. Address *Marshall, N.C.*.....

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.