

Registration District No. 243

Primary Registration District No. 5334B

Registrar's No. 3

30
00

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town S. Benton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

(c) City or town Truax
(If outside city or town limits, write "RURAL")

(d) Street No. Bufalo Mo
(If rural, give location)

(e) Citizen of foreign country? ? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Belle Childress

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 4 day 21
year 1942 hour 10 minute 2 M.

4. Sex f 1 | 5. Color or race w | 6. (a) Single, widowed, married, divorced wid.

21. I hereby certify that I attended the deceased from in 1941
from her 19 to in June 19 41
that I last saw her alive on June 1 19 41
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death just come out like the bronchitis they said she had
and age

7. Birth date of deceased Oct (Month) 8 (Day) 1850 (Year)

Due to _____

Due to _____

8. AGE: Years 91 Months 6 Days 13 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant L. E. Ford

(b) Address Louisburg Mo

17. (a) Duval (b) Date thereof 4-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fraker

18. (a) Signature of funeral director L. B. Jones

(b) Address Bufalo Mo

19. (a) 4-24-1942 (b) Mrs Arthur Hoover
(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) (c) Means of injury _____

23. Signature W. H. [unclear] (M. D. or other) 2

Address Bufalo Mo Date signed _____

1124

RECEIVED

District Health Officer No. 7,

District File Number 5-42-485

Date Filed 5-12-42

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

Clyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo Ind

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.