

57  
6  
0

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

1. PLACE OF DEATH: *Lincoln*  
 (a) County *Lincoln*  
 (b) City or town *Eloberry sum*  
(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 \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME *Mildred Lee Kersley*  
 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 *married*  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased *1922* *20* *1880*  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>61</i>	<i>5</i>	<i>16</i>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation *House wife*

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name *B. F. Doye*  
 13. Birthplace *Harrisonburg V.A.*  
(City, town, or county) (State or foreign country)  
 14. Maiden name *Sarah G. Doye*  
 15. Birthplace *Harrisonburg V.A.*  
(City, town, or county) (State or foreign country)

16. (a) Informant *E. M. Kersley*  
 (b) Address *Eloberry Mo*

17. (a) *Burial* (b) Date thereof *June 7 1942*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation *Eloberry Cemetery*

18. (a) Signature of general doctor *W. K. Bradley*  
 (b) Address *Eloberry Mo*

19. (a) *6-10-1942* (b) *S. B. Williams*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State *Mo* (b) County *Lincoln*  
 (c) City or town *Eloberry*  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? *0* years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *June* day *5*  
 year *1942* hour *5* minute *30* A.M.

21. I hereby certify that I attended the deceased from *Aug-1942*  
 \_\_\_\_\_, 19\_\_\_\_, to *6-4-1942*  
 \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary thrombosis* Duration *2 days*  
*arteriosclerosis*  
 Due to *hypertension, and* *3 yrs*  
*arteriosclerosis -*  
 Due to *bad rheumatism 1939 =*

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: *820*  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 *S. B. Williams* (M. D. or other) \_\_\_\_\_  
 Address *Eloberry Mo* Date signed *6-6-42*

**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 W. W. Bradley

Licensed Embalmer No. 3966

P. O. Address E. L. Lundy 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.**