

FILED JAN - 8 1942 96
Registration District No.

Primary Registration District No. 4444

1. PLACE OF DEATH:

(a) County Ray Co. (Canada)

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community All Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Camden 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 U.S.A.

3. (a) PRINT FULL NAME Cora Lee (Canada) Sylvester

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1942 hour 6 minute P.M.

4. Sex Female / Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ned Sylvester Deceased

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 25 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-11-42, 19 , to 12-15-42, 19 ;
that I last saw her alive on 12-14-42, 19 ;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>30</u>hr.min.

Immediate cause of death Bronchial Pneumonia

Due to Respiratory Infection 1 wk.

Due to

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

10. Usual occupation House keeper

Other conditions (Include pregnancy within 3 months of death)

107

11. Industry or business

MOTHER FATHER { 12. Name B.F. Canida

{ 13. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary A. Endsley

{ 15. Birthplace Ray 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.

16. (a) Informant Mrs. Marie Brockman

(b) Address Camden Mo.

17. (a) Burial (b) Date thereof 12-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Mo.

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?

18. (a) Signature of funeral director J. G. Simmons

(b) Address Richmond Mo.

19. (a) Dec 26/42 (b) M. G. F. Simmons
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place)

23. Signature J. G. Simmons (M. D. or D. O. M. D.)
Address Richmond, Mo. Date signed 12-17

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

89
0
0

89
0
0

0

Duration
3 days

1 wk.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-43

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home .

Signed..... *J.B. Brothers*

Licensed Embalmer No. **3001.**

P. O. Address **Richmond 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.