

FILED AUG 6 1948
Registration District No. 791

Primary Registration District No. 4433

1. PLACE OF DEATH

(a) County Putnam
(b) City or town Unionville
(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 _____
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam's
(c) City or town Unionville
(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.? No - 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1948 hour 11 minutes AM
21. I hereby certify that I attended the deceased from after
death 19 to 19
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Heart of size
thrust for a few days.
Coronary member of
Due to fatigue, has sharp
injection of throat.
Due to presumably deceased
heart
Other conditions _____
(Include pregnancy within 3 months of death)

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

Major findings: _____
Of operations 115 P
Of autopsy _____

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 0
23. Signature [Signature] (M. D. or other) _____
Address Unionville Mo Date signed 6/2/48

3. (a) PRINT FULL NAME BETTY LORENE DOOLEY
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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 18 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 11 14 hr. _____ min.

9. Birthplace Unionville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____
12. Name PEARL DOOLEY
13. Birthplace Unionville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name FRENE WORMACK
15. Birthplace Unionville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Dooley
(b) Address Unionville Mo
17. (a) Burial (b) Date thereof June 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Unionville Mo
19. (a) 6/30/48 (b) [Signature]
(Date received local registration) (City, town, or county)

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

86
1
0

1099

RECEIVED

District Health Officer No. 10

District File Number 8-43-1257

Date Filed AUG 5 1943

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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, 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, above space should be left blank.