

Registration District No. **348**

Primary Registration District No. **6175**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural-Liberty *Tenn*
(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 32 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie P. McLin

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 Elmer McLin 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 20 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business.

MOTHER FATHER { 12. Name William Anderson
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Rose Waltermire
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer McLin

(b) Address Harris, Mo.

17. (a) Burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris

18. (a) Signature of funeral director Marion Funeral Home

(b) Address Princeton, Mo.

19. (a) Dec 27 1943 (b) Mrs John Todd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan *105*
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. S. of Harris, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1943 hour 3:00 P M.

21. I hereby certify that I attended the deceased from Sept 1 1943 to Dec 24 1943; that I last saw her alive on Dec 24 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma Duration 6 Mo.

Due to _____

Due to _____

Other conditions: H6 P
(Include pregnancy within 3 months of death)

Major findings: 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)
(a) Means of injury _____

23. Signature W. H. Wise, M.D. (M. D. or other) 12/26/43
Address Harris, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 1-4485

Date Filed JAN 1 1944

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 H. Swan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.