

No. 2  
-2.43  
-17.39  
X35897

FILED MAY 4 1944

Registration District No. 260

Primary Registration District No. 3076

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:  
Home - 309 E. Hickory  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 108

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

(d) Street No. 309 E. Hickory  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Almeria Auberry

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married. 2 divorced widow

6. (b) Name of husband or wife. ✓

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

7. Birth date of deceased April 15 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Domestic per

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

MOTHER FATHER

12. Name William Martin

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

14. Maiden name Martha

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

16. (a) Informant A. O. Hudson

(b) Address 309 W. Hickory, Nevada Mo

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arbor Grove Cemetery

18. (a) Signature of funeral director Allen Stump

(b) Address Nevada Mo

19. (a) 4-26-44 (b) Bozell B. Beuwick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1944 hour 1 minute 30 PM

21. I hereby certify that I attended the deceased from JUNE 1943 to April 24 1944  
that I last saw her alive on April 4 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive CARDIOVASCULAR disease Duration 16 yrs

Due to Senility

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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 SO

23. Signature Tom Keller MD  
Address Nevada Mo Date signed 4/25/44

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

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

1331

RECEIVED

District Health Officer No. 7,  
District File Number 4-44-5-70  
Date Filed 5-3-44

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 Mark A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.