

FILED AUG 3 1944

State File No. _____

Registration District No. 30

Primary Registration District No. 5103

Registrar's No. 28

1. PLACE OF DEATH

(a) County Benton
(b) City or town Rural Lindsay Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PT. 1 WARSAW
(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 Benton
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. PT. 1 WARSAW
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Josephine Mc Grath
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1944 hour 2 minute 25 P.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Lloyd Mc Grath 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 13 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from an. 15, 1944, 19 _____ to July 8, 1944, 19 _____; that I last saw or alive on July 7, 1944, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus 10 yrs.

8. AGE: Years 76 Months 2 Days 25 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Doddsville Ill.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation housewife

Major findings: _____

11. Industry or business _____

12. Name William S. Mc Clain

Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Mary Jane Sellers

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

16. (a) Informant Mrs. E. E. Barrick

(b) Address PT. 1, WARSAW MO.

17. (a) Burial (b) Date thereof July 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director White - Fraser

(b) Address Warsaw Mo.

19. (a) 7/10/44 (b) Jas. A. Rogers
(Date received local registrar) (Registrar's signature)

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 Suncall (M. D. or other) DO

Address Warsaw, Mo. Date signed 7/11/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

Health File Number 7-44-879

Date Filed 8-2-44

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Walter H. Griffin*

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.