

FILED AUG 9 1944

State File No. _____

Registration District No. 2

Primary Registration District No. 5316

Registrar's No. 33

1. PLACE OF DEATH:
 (a) County Booner
 (b) City or town Pleasant Green
(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)
 In this community 90 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Booner
 (c) City or town Pleasant Green
(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 ---

3. (a) PRINT FULL NAME MALINDA CORAM-WILSON
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 18 -
 year 1944 hour 11 minute 40 P M.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife John W. H. 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased June - 11 - 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18, 1944 to July 18, 1944;
 that I last saw her alive on July 18, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 1 Days 7 hr. 4 min. 5

Immediate cause of death Cerebral Hemorrhage Duration 18 hrs

9. Birthplace Pleasant Green, Mo
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) g 301

11. Industry or business same

Major findings: Of operations _____

12. Name Hilma Berry

Of autopsy _____

13. Birthplace unknown n Mo
(City, town, or county) (State or foreign country)

14. Maiden name Shirah Coram - Mo

15. Birthplace unknown n Mo
(City, town, or county) (State or foreign country)

16. Informant Mrs A.M. Glahn

(b) Address Highbee Mo.

17. (a) Burial (b) Date thereof 7-20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Lebanon Cem.

18. (a) Signature of funeral director Raymond J. Glahn

(b) Address Pilot Grove Mo

19. (a) July 22 1944 (b) Thos W. Roben
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.

23. Signature J. O. Baly (M. D. or other) 0
 Address Pilot Grove, Mo Date signed 7-19-44

27
00

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

Number

8-8-44

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 Myself

, Registered Apprentice No. _____

working under my personal supervision.

Signed Lepton E. [Signature]

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Me.

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.