

FILED MAY 10 1945  
Registration District No. 172

Primary Registration District No. 5641

Registrar's No. 18

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

1. PLACE OF DEATH:  
 (a) County Lafayette  
 (b) City or town Rural Dover twsp.  
(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 \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 35yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lafayette  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2 miles S. of Waverly  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Buelah Irene Geraughty.  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Apr. day 11th. year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from called as acting coroner to \_\_\_\_\_, 19\_\_\_\_; that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife James E. Geraughty  
 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased Aug. 15 1900  
(Month) (Day) (Year)

Immediate cause of death Suicide  
(12 ga. shot gun wound through left chest + heart)  
 Due to insanity

8. AGE: Years Months Days If less than one day  
44 7 26 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

9. Birthplace Mayview Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_  
 Of autopsy no

11. Industry or business \_\_\_\_\_  
 12. Name Charles Iles  
 13. Birthplace Lexington Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Rebecca Horn  
 15. Birthplace Lexington Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
164c

16. (a) Informant James E. Geraughty  
 (b) Address Waverly Mo. R.F.D.  
 17. (a) burial (b) Date thereof 4-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lexington Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence April 11th 1945  
 (c) Where did injury occur? Waverly Lafayette Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

18. (a) Signature of funeral director Marshall Funeral Home  
 (b) Address Carrollton Mo.  
 19. (a) 4-12-1945 (b) Dr. W.A. Braetlein  
(Date received local registrar) (Registrar's signature)

23. Signature W. W. ...  
 Address ...  
 Date signed 4/11/45

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

5/9/45

MAY 10 1945

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.