

Registration District No. 300

Primary Registration District No. 4449

1. PLACE OF DEATH: Reynolds
 (a) County Reynolds
 (b) City or town Cellington
 (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)
 In this community 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Reynolds
 (c) City or town Cellington
 (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 MARY ELIZABETH HALL
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 23
 year 1945 hour 9 minute PM M.
 21. I hereby certify that I attended the deceased from March 11
1945 to March 23, 1945
 that I last saw her alive on March 19, 1945
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Cerebral hemorrhage Duration 130m

7. Birth date of deceased Aug 6 1858
 (Month) (Day) (Year)

Due to _____
 Due to _____

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

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

Major findings: Of operations _____ Of autopsy _____

10. Usual occupation Housekeeper

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

11. Industry or business _____

12. Name W.H. 13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name W.H. 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Hall (b) Address Cellington Mo

17. (a) Burial (b) Date thereof 3-25-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cellington Cemetery

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? _____

18. (a) Signature of funeral director W. A. Leuchter (b) Address W. A. Leuchter
 19. (a) June 30-45 (b) Eddie Evans
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature A. F. Bugg (M. D. or other) _____
 Address Cellington, Mo Date signed 3-23

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

90

RECEIVED..

District Health Officer No. 5,

District File Number 746-334

Date Filed 7.10.46

Handwritten notes and signatures in the left margin, including "June 31" and "L. J. ..."

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 3-23-4J

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A. Lanchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Inc

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.