

FILED MAY 7 8 1946

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution State Hosp 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-20-46
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

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

(d) Street No. 512 S Williams
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Frances Poth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 5th. Steph 6. (c) Age of husband or wife if alive _____ years
(Month) (Day) (Year)

7. Birth date of deceased 30 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19
year 46 hour 6 minute 02 A.M.

21. I hereby certify that I attended the deceased from 4-17, 1946, to 4-19, 1946
that I last saw her alive on 4-18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Duration _____

8. AGE: Years 84 Months 7 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

Due to _____

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Newton Bryan

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

14. Maiden name Conner Smith

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

Major findings: Of operations _____

Of autopsy 9/20

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

16. (a) Informant Racovols

(b) Address _____

17. (a) Burial (b) Date thereof 4/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Cedar Baptist Chm

18. (a) Signature of funeral director Hallace Jumbal

(b) Address 7th 6th St Sulton

19. (a) 4-21-1946 (b) Josie Moseley
(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? _____

(Specify type of place) _____

(e) Means of injury _____

Signature K.E. Stovall (M. D. or other) _____
Address _____

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-7-46

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 Wenzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fullon 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.