

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

1. PLACE OF DEATH:

(a) County MONROE
 (b) City or town RURAL - JACKSON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
LONG TRESSEL OF WARREN R. E. OF PARIS MO.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 18 1/2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE 69
 (c) City or town PARIS RURAL 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 MI. E. OF PARIS 0
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No) 0
 If yes, name country L

3. (a) PRINT FULL NAME BETTY JEAN LEVINGS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE 1
 6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive L years
 7. Birth date of deceased JULY 10, 1927
(Month) (Day) (Year)

8. AGE: Years 18 Months 7 Days 25 If less than one day hr. _____ min. _____

9. Birthplace PARIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business L

MOTHER FATHER { 12. Name EDGAR T. LEVINGS
 13. Birthplace PARIS MO
(City, town, or county) (State or foreign country)
 14. Maiden name MYRTLE IRENE LEVINGS
 15. Birthplace KNOX ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Levings
 (b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof MAR. 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Spuit & Blaney
 (b) Address PARIS, MISSOURI

19. (a) _____ (b) Elmer Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 5
 year 1946 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____, alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of brain caused by being struck by train. Duration _____

Due to _____
 Due to _____

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

Major findings: _____
 Of operations _____
 Of autopsy 169.8
30

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) Accident 69

(b) Date of occurrence _____

(c) Where did injury occur? Paris Monroe Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Wabash Rail Road
(Specify type of place)

(e) While at work? no (e) Means of injury _____

23. Signature Russell M. Wilson 3 (M. D. or other) Crowner
 Address Monroe City Mo. Date signed 3/9/46

RECEIVED

District Health Officer No. 10

District File Number 4-46-781

Date Filed APR-1-9-1946

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 Edmond H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.