

FILED MAY 2 1946

Registration District No. 334

Primary Registration District No. 4490

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Blodgett, Mo.
(c) Name of hospital or institution Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 78 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Blodgett, Mo.
(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 LAURA CHEWNING

3. (b) If veteran. name war V 3. (c) Social Security No. None

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 16 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months _____ Days 24 If less than one day _____ (hr.) _____ (min.)

9. Birthplace Spencer Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Charles Cullen

(b) Address Amistown, Mo.

17. (a) Burial (b) Date thereof 4-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blodgett, Mo.

18. (a) Signature of funeral director Paul Shelby

(b) Address East Blodgett, Mo.

19. (a) _____ (b) W. D. Stewart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1946 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from March 13, 1946, to March 13, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration _____
Due to Senility

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

Major findings:
Of operations _____
Of autopsy H&K

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 M. P. Bryan (M. D. or other) D.O.
Address Denton, Mo. Date signed 4-22-46

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

14337

RECEIVED

District Health Office No. 2,

District File Number 546-55

Date Filed 5-1-46

1946
MAY 7

4

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 *Travis Shelby*

Licensed Embalmer No. *2776*

P. O. Address *East Prance, M.*

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.