

FILED SEP 3 4 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 4300

Registrar's No. 31

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Leeds
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Keller Convalescence Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME MARGIE L. McCOWN
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Husband
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased July 5 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 1
 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name James Beverly Fester
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Naugh
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. McCown
 (b) Address Browning, Mo.

17. (a) Burial (b) Date thereof Aug. 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Meadike No. Cem

18. (a) Signature of funeral director Thompson
 (b) Address Leeds, Mo.

19. (a) Aug 8-1946 (b) Chris A. Martens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn
 (c) City or town Browning
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
 year 1946 hour 16 minute 00 A. M.

21. I hereby certify that I attended the deceased from Aug 5 to Aug 5, 1946
 that I last saw her alive on Aug 3, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
 Duration 12 h

Due to X

Due to _____

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

Major findings: Of operations g30
 Of autopsy _____

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 Ray R. Haley (M. D. or other) MD
 Address Browning, Mo. Date signed 8-7-46

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

26515

0024

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Mr. [Signature]*

Licensed Embalmer No. *2876*

P. O. Address *Lalude, 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.