

Registration District No. 183

Primary Registration District No. 4297

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Purdin
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Purdin
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Mary Logia Hale

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st
year 1946 hour 6:20 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased December 8 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 24th 1946 to November 1, 1946
that I last saw her alive on November 1, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>23</u>	hr. _____ min.

Immediate cause of death Chronic Endocarditis

Due to _____

Due to _____

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

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

10. Usual occupation At home

Major findings: Of operations 92E

Of autopsy _____

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

11. Industry or business _____

12. Name Henry Gooch

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

14. Maiden name Helen Roberson

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

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? _____

16. (a) Informant Mrs. G. J. Jenkins

(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 11/3/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cemetery

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. W. H. Payne (or other) DO
Address Purdin, Missouri Date signed 11/2

18. (a) Signature of funeral director Thorne Undt Co.

(b) Address Linneus, Missouri St. Taylor

19. (a) Nov 11, 1946 (b) Elva Crankshaft
(Date received local registrar) (Registrar's signature)

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

146

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..... *Dorr A. Taylor*

Licensed Embalmer No..... *3761*

P. O. Address..... *Linneus, 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.