

FILED APR 29 1947

Registration District No. 93

Primary Registration District No. 4155

1. PLACE OF DEATH:
(a) County Wade
(b) City or town Everton
(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. 1
(Specify whether
In this community Nature (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wade 29
(c) City or town Everton
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Marna Mae Jones
3. (b) If veteran, name war. ✓
3. (c) Social Security No. 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 18
year 1947 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from April 5
1947 to April 18 1947
that I last saw her alive on April 18 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife L
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased 9 - 27 - 1885
(Month) (Day) (Year)

Immediate cause of death Pulmonary Hemorrhage
Due to CARCINOMA

8. AGE: Years Months Days If less than one day
61 6 21 hr. min.

Due to 475
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 475
Of autopsy

9. Birthplace Wade Co. Mo. (U)
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper
11. Industry or business
MOTHER FATHER {
12. Name Jamies Malloy
13. Birthplace Wade Co. Mo. (U)
(City, town, or county) (State or foreign country)
14. Maiden name Isabella Cook
15. Birthplace Wade Co. Mo. (U)
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Bellma Henderson
(b) Address Everton Mo.

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?

17. (a) Normal (b) Date thereof 4-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch

While at work? (Specify type of place) (e) Means of injury 2
23. Signature A. F. Stager (M.D. or other) 2
Address Everton Mo. Date signed 4/19/47

18. (a) Signature of funeral director Monroe Sumner
(b) Address Everton Mo.
19. (a) 4-20-47 (b) Geo R. Weir
(Date received local registrar) (Registrar's signature) 79

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

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

S. R. Leiman

Licensed Embalmer No.

3297

P. O. Address

Miller 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.