

No. 2
12-45
-17-39
X47070

FILED APR 25 1947

State File No. _____

Registration District No. 155

Primary Registration District No. 4245

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 305 GRANT
(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) 8 days

3. (a) PRINT FULL NAME Margaret E. Surface
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 Widowed
6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 21 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Binonville Ark
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John A. Allery

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

14. Maiden name Unknown
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Butler

(b) Address Boonville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walt A. ...

(b) Address ...

19. (a) APR 23 47 (Date received local registrar) (b) W. A. ... (Registrar's signature) 1276

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 305 Grant
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1947 hour 7:00 minute A.M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to _____

Due to _____

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

Major findings: Of operations 94A
Of autopsy _____
PHYSICIAN W. A. ...

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 W. A. ... (M. D. or other) _____

Address 2114 Joplin Date signed 4/6/47

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

MOTHER FATHER

47-3-268

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 *Clayton M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *Webb City, 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.