

FILED MAY 26 1947

Registration District No. **276**

Primary Registration District No. **4410**

Registrar's No. **35**

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

1. PLACE OF DEATH:

(a) County **Phelps**

(b) City or town **St James mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Phelps**

(c) City or town **St James 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 **Mary E Surfers**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **6**
year **1947** hour _____ minute **✓** M.

4. Sex **F**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **mt**

6. (b) Name of husband or wife **Gas E Surfers**

6. (c) Age of husband or wife if alive **82 years**

7. Birth date of deceased **4 1 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 5 - 6 - 1947**
that I last saw her alive on **5-5-1947**
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **1** Days **5**
If less than one day hr. _____ min.

Immediate cause of death **Ch. Pulmonariae**

9. Birthplace **Germany** **Ten 1**
(City, town, or county) (State or foreign country)

Due to **acute nephritis**

Due to **Ch. Bronchitis**

10. Usual occupation **House Wife**

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

11. Industry or business _____

Major findings:
Of operations **7318**

Of autopsy _____

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

12. Name **Dart-Know**

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

14. Maiden name **Nancy Colmich**

15. Birthplace **South Carolina**
(City, town, county) (State or foreign country)

16. (a) Informant **C H Surfers**

(b) Address **St James mo**

17. (a) **Burial** (b) Date thereof **5-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mause, am**
St Zebulon

18. (a) Signature of funeral director **St James, mo**

(b) Address _____

19. (a) **May 14, 1947** (b) **Chris Birmingham**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **[Signature]** (M. D. or other) _____
Address **[Address]** Date signed **5/13/47**

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.....

me
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3546*

P. O. Address..... *St James 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.