

No. 2
12-55
5-17-30
X47070

State File No. _____

FILED JUN 5 1947

Registration District No. 375

Primary Registration District No. 6281

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town Rayborn, Van Buren Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
no
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no (Specify whether
 In this community 25 years
 years, months or days)

3. (a) PRINT FULL NAME

BERKHA Floyd
Estella

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife HARON Floyd 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. 8, 1892
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 9 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business no

12. Name BARNEY SHAW

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

14. Maiden name E. Beth SHAW

15. Birthplace West Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Adron Floyd
 (b) Address Rayborn, Mo.

17. (a) Burial (b) Date thereof 5/24/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Mountain

18. (a) Signature of funeral director Russell Barber
 (b) Address W. Grove, Mo.

19. (a) 6-9-47 (b) E. B. Garner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright, 14
 (c) City or town Rayborn, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
 year 1947 hour 10:10 minute 0 P. M.

21. I hereby certify that I attended the deceased from Apr. 1 - 1947 to May - 20 - 1947
 that I last saw her alive on May - 18 - 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy _____

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)
 (c) Means of injury _____

23. Signature [Signature] (M. D. or other)
 Address W. Grove, Mo. Date signed 5/27/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

DEC 19 1955

JUN 6 1947

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 J. Q. Clary, Registered Apprentice No. 453 working under my personal supervision.

Signed Russell Barber
Licensed Embalmer No. 3848
P. O. Address Wm. Groves, Jr.

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.

Registration District No. 375

Primary Registration District No. 628

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Rayburn
(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 _____)
In this community _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME

Bertha E. Floyd

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

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

8. AGE: Years 57 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 9, 1947 (b) E. B. Garner (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-19980