

FILED JUL 9 1947

Registration District No. _____

Primary Registration District No. 0302

Registrar's No. 41

1. PLACE OF DEATH:

(a) County DALLAS
(b) City or town PLAD "RURAL"
(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 LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS
(c) City or town PLAD "RURAL"
(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 _____

3. (a) PRINT FULL NAME MARTHALAVINE LOONEY

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

7. Birth date of deceased NOV 13 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 7 hr. min.

9. Birthplace DALLAS CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

12. Name unknown 9

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

14. Maiden name MARY HARMAN 9

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

16. (a) Informant CRUM LOONEY

(b) Address PLAD MO

17. (a) BURIAL (b) Date thereof 5-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLAD

18. (a) Signature of funeral director L.B. JONES

(b) Address BUFFALO MO

19. (a) 7-3-47 (b) Gran Peterson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21
year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from FEB. 2, 1946 19____ to MAY 21 1947
that I last saw her alive on MAY 21, 1947, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Mittel insufficiency Duration Almos.

Due to _____

Due to _____

Other conditions Pulmonary tuberculosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 13B
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? _____

(Specify type of place) _____ (e) Means of injury 2

23. Signature J. Bennett, D.O. (M.D. or other) D.O.
Address Buffalo, MO. Date signed 5-24-47

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

30
510
0

RECEIVED
District Health Officer No. 7,
District #11-113
Date Filed 7-7-47
6-17-47

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.....

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

Signed Maria B. Jones

Licensed Embalmer No. 9322

P. O. Address Buffalo, 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.