

FILED AUG 14 1947

Registration District No. 62

Primary Registration District No. 5250

Registrar's No. 12

1. PLACE OF DEATH:

(a) County CHARLTON
(b) City or town BRUNSWICK RURAL
(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 _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME MARY ELIZABETH TULLY

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

7. Birth date of deceased DECEMBER 12 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business HOUSE WORK

12. Name GEORGE CHAVIN

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

14. Maiden name FRANCES HIBLER

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

16. (a) Informant MRS. WARREN JOSEPH
(b) Address BRUNSWICK MISSOURI

17. (a) BURIAL (b) Date thereof 6-30-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BRUNSWICK MO.

18. (a) Signature of funeral director L. M. ...
(b) Address BRUNSWICK MO.

19. (a) June 27 1947 (b) medical ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARLTON
(c) City or town BRUNSWICK 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 10 1947 to June 28 1947 that I last saw her alive on June 28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Hypertension 10yrs.

Due to Chronic Nephritis 15yrs.

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

Major findings: Of operations _____ Of autopsy 131B

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) (z) Means of injury? 2

23. Signature J.P. Forrester (M.D. or other) D.O. Address Brunswick, Mo. Date signed 6/30/47

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

RECEIVED

District Health Officer No. 6,

District File Number _____

Date Filed 8-13-47

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 _____

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

Signed L. Weissel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.