

S. No. 2
M-5-43
7. 5-17-39
P I X36671

Registration District No. 297

Primary Registration District No. 4446

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Hardin mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89
(c) City or town Hardin
(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 _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Pernecia Ann McQueen
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, undowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec - 13 - 1858
(Month) (Day) (Year)

20. DATE OF DEATH: Month June day 28 year 1947 hour 12 minute 00 P. M.
21. I hereby certify that I attended the deceased from June 1, 1947, to June 28, 1947 that I last saw her alive on June 25, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death Cos anary thrombosis Duration _____

8. AGE: Years Months Days If less than one day
88 6 15 hr. min.

Due to arterio-sclerosis yes
Due to constipation yes

9. Birthplace Miller Point Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House Keeper
11. Industry or business _____
12. Name James Cole
13. Birthplace Missouri
14. Maiden name Nancy Chase
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy APP
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Helen Williams
(b) Address Hardin Mo
17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hardin Cem

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? _____

18. (a) Signature of funeral director John W. Knepschild
(b) Address Hardin mo
19. (a) June 6 - 1947 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Warrin Bruns (M. D. or other) _____
Address Hardin Mo Date signed 6/30/47

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

4
3

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-15-47

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 John W. Knippschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.