

FILED MAR 15 1948

Registration District No. **120**

Primary Registration District No. **4198**

Registrar's No. **17**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Josiphene Preston

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

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

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

7. Birth date of deceased Oct 18 1956
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 4 13 hr. min.

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

10. Usual occupation Housework

11. Industry or business Same

12. Name Joseph Suell

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

14. Maiden name Agusta Smith

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

16. (a) Informant John Preston

(b) Address King City Mo. R.R.

17. (a) Burial (b) Date thereof 3.4.1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. J. Grogan

(b) Address King City Mo.

19. March 5 - 1948 (b) Home H. Thorton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Centry King City Mo.
 (c) City or town Centry King City 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 9 day 1948
 year _____ hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Jan 1948, to Mar 9, 1948
 that I last saw her alive on Mar 3, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 wk
 Due to Chronic Nephritis 10 yr

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

Major findings: 131B
 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?

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature P. Baumgardner (M. D. or other) No
 Address Centry Mo. Date signed 3/2/48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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:

R. G. Taggart

Licensed Embalmer No.

2563

P. O. Address

King clay 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.