

FILED MAY 6 1948

Primary Registration District No. **5326**

Registrar's No. **6**

1. PLACE OF DEATH: **Crawford**
 (a) County **Crawford**
 (b) City or town **Stellville, mo**
 (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 **1**
 (Specify whether
 In this community **1 yr.**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **mo** (b) County **Crawford**
 (c) City or town **Rural Merina**
 (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 **LAURA BELLE TYREY**
 (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Mar** day **27**
 year **1948** hour **9** minute **50** M.
 21. I hereby certify that I attended the deceased from **Mar 20**
 19**48** to **Mar 27** 19**48**
 that I last saw her alive on **Mar 25** 19**48**
 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Henry** 6. (c) Age of husband or wife if alive **19** years
 7. Birth date of deceased **1 19 80**
 (Month) (Day) (Year)

Immediate cause of death **Myeloma and Lobar Pneumonia** Duration

8. AGE: Years **68** Months **3** Days **12** If less than one day **950. A.M.**
 hr. min.

Due to
 Due to

9. Birthplace **Washington Co.** **0 mo**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation

11. Industry or business

Major findings: Of operations **33B** Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name **John Brunk**
 13. Birthplace **Washington Co. mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mauda Steiner**
 15. Birthplace **Washington Co. mo**
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant **Father Tyrey**
 (b) Address **Stellville, mo**
 17. (a) **Burial** (b) Date thereof **3-29-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Stellville, Mo**

(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 **Shenwood Mitchell**
 (b) Address **St Clair, mo**
 19. (a) **4-14-48** (b) **Chilho**
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
 23. Signature **R. G. Parker** (M. D. or other)
 Address **Stellville mo** Date signed **3-27-48**

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

RECEIVED

District Health Officer No. 5,

District File Number 548271

Date Filed 5-5-48

MAY 6 1948

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

Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. Clair, 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.