

FILED APR 19 1948

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 130

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Harrisburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lexering Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 76 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls 87
(c) City or town New London - Rural 0
(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 _____

3. (a) PRINT FULL NAME IDA MARTHA McNARY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7
year 1948 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from 4/7/48 to 4-7-48
1948 to 4-7-48 1948
that I last saw him alive on 4-7-48 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 2
6. (b) Name of husband or wife W.E. McNary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: MAY 1 1871
(Month) (Day) (Year)

Immediate cause of death Ch. myocarditis
Due to _____
Due to _____
Other conditions Ch. nephritis
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 11 Days 6
If less than one day _____ hr. _____ min.

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Frankford (Rural) Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name LEVI Boyd

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA GRIFFITH

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Martha McNary

(b) Address New London, Mo.

17. (a) Burial (b) Date thereof April 7, 48
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director Fields & Son

(b) Address Frankford Mo.

19. (a) 4-8-48 (b) Dr. E. M. Luecke
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature [Signature] (M. D. certifier)
Address [Address] Date signed 4/7/48

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

4
3
4

MOTHER FATHER

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..... *Gene Fielso Negrova*

Licensed Embalmer No. *4893*

P. O. Address..... *Franklin, 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.