

FILED APR 19 1948

Registration District No. 282

Primary Registration District No. 3052

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Bolivar, 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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Bolivar
(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 Mary Elizabeth Hembree

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Sept. 16 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 15 hr. min.

9. Birthplace Dallas County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Joseph Rains

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

14. Maiden name Sarah Jetton

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

16. (a) Informant Lawrence Hembree

(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereof April 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar City Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) April 5, 1948 (b) Ralph Garden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1948 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb. 1
48 to April 1, 1948
that I last saw her alive on Mar 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma head of pancreas
Duration 2 mo

Due to _____
Due to _____

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

Major findings:
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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature Dr. McLean (M. D. or other) Dr. McLean
Address Bolivar Mo Date signed 4/1/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7;

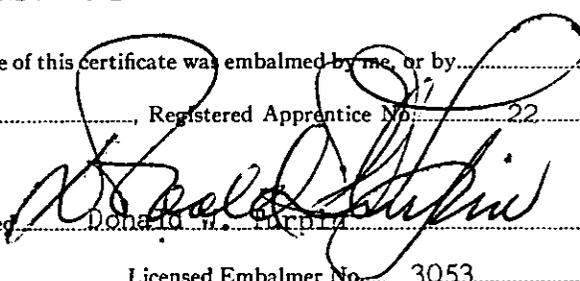
District File Number 3-48-406

Date Filed 4-16-48

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.....

..... Charles F. Fox, Registered Apprentice No. 22
working under my personal supervision.

Signed 
..... Donald W. Smith

Licensed Embalmer No. 3053.....

P. O. Address.....

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.