

FILED APR 19 1948

Registration District No. 376

Primary Registration District No. 6282

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At 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 _____
years, months or days

3. (a) PRINT FULL NAME Billy Ray Ussery

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

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

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

7. Birth date of deceased February 14 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 16 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Lewis Ussery

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

14. Maiden name Ruth Burch

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

16. (a) Informant Lewis A. Ussery

(b) Address NORWOOD, MISSOURI

17. (a) Burial (b) Date thereof 3-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pritchett Cemetery

18. (a) Signature of funeral director Thomas A. Stuller

(b) Address Box 136, Norwood, Mo

19. (a) 3-1-48 (b) Mal. R. Worsham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Norwood
(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 day 1
year 1948 hour 3 minute 00 AM

21. I hereby certify that I attended the deceased from Feb 27 1948 to Mar 1 1948
that I last saw him alive on Feb 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 5 days

Due to _____

Due to _____

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

Major findings: Of operations 107

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 _____

23. Signature J. A. Fison (M. D. or other) _____

Address Manassas, Mo Date signed 3-1-48

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

4
0
0

RECEIVED

District Health Officer No. 6,

District File Number 448-414

Date Filed MAR 15 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 Ella J. Bouldin

..... Licensed Embalmer No. 1969

P. O. Address Norwood, 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.