

FILED JUN 9 1948

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 34

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MONROE HOSPITAL AND CLINIC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town UNIONVILLE
(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 VALERIA FERN TORREY

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased DECEMBER 20 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 27 hr. _____ min.

9. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWORK

MOTHER FATHER { 12. Name DAVID LOWRY
13. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name SARAH ELIZABETH PIGG
15. Birthplace SULLIVAN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant John W Torrey

(b) Address UNIONVILLE, MISSOURI R. F. D.

17. (a) BURIAL (b) Date thereof MAY 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TORREY CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO. By John W Torrey

19. (a) 6-4-48 (b) Marvell Dunbar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17
year 1948 hour 01 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 3 1948 to May 17 1948
that I last saw her alive on May 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Possible brain tumor or infarct thrombus
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 2 Do
23. Signature of P. W. McDonald (M. D. or other) Do
Address Unionville, Mo. Date signed 5-17-48

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

RECEIVED
District Health Officer No. 12
District File Number 6-48-100/
Date Filed JUN 8 - 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.....

Richard Paul Casady

Registered Apprentice No. 76

working under my personal supervision.

Signed

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address: *Unionville, 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.