

FILED JUL 6 1948

Registration District No. 259

Primary Registration District No. 3648

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Madaway
 (b) City or town Marysville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mary Celia Talkington

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Geo. Talkington
 6. (c) Age of husband or wife if alive 18 years
 7. Birth date of deceased June 6 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>12</u>	hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business

12. Name William Moran13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Lela Snyder(b) Address Bedford Iowa17. (a) Burial (b) Date thereof 6-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Laynor Cem.18. (a) Signature of funeral director Frank S. Metmar, Jr.(b) Address Bedford Iowa19. (a) 6-26-48 (b) Beas Talley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor 999
 (c) City or town Bedford 13
(If outside city or town limits, write "RURAL")
 (d) Street No. main 0
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 2
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1948 hour 6 minute 1 A. M.21. I hereby certify that I attended the deceased from 6-5
21 1948 to 6-18 1948
that I last saw her alive on 6-17th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Right hip
Bronchial pneumonia
Secondary
Arteriosclerosis
 Due Heart Disease
 Duration 13 days
7 days
10 days

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

ADDITIONAL Herline
 cause to
 SUPPLEMENTARY
 information
 INFORMATION
 REQUESTED

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

(a) Accident, suicide, or homicide (specify) ✓
 (b) Date of occurrence 136
 (c) Where did injury occur? Bedford Iowa
(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 D. J. Hayden (M. D. or other) M.D.
Address Bedford, Ia. Date signed 6-24-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Self

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank Wetmore Jr

Licensed Embalmer No. 4597

P. O. Address Bedford, Iowa

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.

Registration District No. 251 Primary Registration District No. 3048

1. PLACE OF DEATH:
(a) County nodaway
(b) City or town Marysville
(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

3. (a) PRINT FULL NAME Mary C. Falkington
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 5, 1948
(Month) (Day) (Year)

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

17. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June Day 5 Year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured Hip June 5, 1948. Fall while walking in yard at her home at 4:30 p.m.
Due to _____

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

Major findings: _____ Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 5 - 1948
(c) Where did injury occur? Marysville nodaway mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? while walking in yard at home
While at work? _____ (Specify type of place)
(e) Means of injury Fractured hip
23. Signature J. J. Burdick (M. D. or other) _____
Address Budger, Jr Date signed 7/10/48

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

SUPPLEMENTARY

MOTHER FATHER

5-20255