

FILED JUN 24 1948

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 129

1. PLACE OF DEATH:

(a) County. Saline
 (b) City or town. Marshall, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution. Radian Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 6 Days
 (Specify whether
 In this community. Since 1915
 years, months or days)

3. (a) PRINT FULL NAME Maggie May Levell

3. (b) If veteran, name war.....
 3. (c) Social Security No. 487-09-6987

4. Sex. Female 5. Color or race. White
 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife. James H. Levell
 6. (c) Age of husband or wife if alive. 71 years
 7. Birth date of deceased. November 7th, 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 6 hr. min.

9. Birthplace. Shelby County, Missouri 11
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.

MOTHER FATHER {
 12. Name Mathew W. Moss
 13. Birthplace. Shelby County, Missouri 1
 (City, town, or county) (State or foreign country)
 14. Maiden name. Sarah C. Moss
 15. Birthplace. Shelby County, Missouri 0
 (City, town, or county) (State or foreign country)

16. (a) Informant. Harry V. Morris
 (b) Address. Lincoln, Neb.

17. (a) Burial (b) Date thereof. June 15, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery18. (a) Signature of funeral director. Campbell-Rene(b) Address. Marshall, Mo.

19. (a) June 14-1948 (b) Sidney Taylor
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Saline 97
 (c) City or town. Marshall 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 605 East Rea Street 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
 year 1948 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from May 20
1948 to June 13 1948
 that I last saw h. Ev alive on June 13 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia 7 da
 Duration

Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 5 months of death)

Major findings: no gross
 Of operations.....

Of autopsy no

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Albert M. D.Address Marshall Mo Date signed 6-14-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-23-48

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~~ _____

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

Signed

Joe H. Purvis

Licensed Embalmer No. 1171

P. O. Address Marshall, W. Va.

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.