

FILED JUN 16 1948

Registration District No. 276

Primary Registration District No. 4560

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Sumner  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rest Home #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days (Specify whether  
In this community 22 days years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN HARGRAVE

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lynne B. Hargrave 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 18 1957  
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name James L. Miller

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

14. Maiden name Eliza Russell

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

16. (a) Informant Mrs. Nancy Walters

(b) Address Elk Creek Mo.

17. (a) Removal (b) Date thereof June 8 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monorotha Atchison Co

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Carroll Mo

19. (a) 6-7-48 (b) Mrs. H. R. Worshe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County TEXAS  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Elk Creek Mo. (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 10 hour \_\_\_\_\_ minute 9 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1946, to June 7, 1948;  
that I last saw her alive on June 4, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 36 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy GB

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) Years of injury \_\_\_\_\_

23. Signature Garrett (M.D. or other) \_\_\_\_\_

Address Carroll Mo Date signed June 5/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 648-699

Date Filed JUN 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.....

*Gaylord V. Elliott*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Gaylord V. Elliott*

Licensed Embalmer No.....

2252

P. O. Address.....

*Cabool 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.**