

Registration District No. 110

Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural
(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 Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town Rural
(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 MARY ALICE THURMOND

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fem! 5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased March 23 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11-29-47 to 6-12-48 1948 that I last saw her alive on 5-28-48 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 87 Months 2 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Ruban Cardwell

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

14. Maiden name Sourette Sanders

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

16. (a) Informant Elsie Thurmond

(b) Address St. Clair, Mo.

17. (a) Burial (b) Date thereof 6/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect Cem.

18. (a) Signature of funeral director Cassey + Long

(b) Address St. Clair, Mo.

19. (a) 6-14-48 (b) Paul D Miller
(Date received local registrar) (Registrar's signature)

Due to Hypertensive Cardiovascular Disease

Due to General Arteriosclerosis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93 P

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)

Means of injury _____

23. Signature W.E. Ketchell (M. D. or other) _____

Address St. Clair, Mo. Date signed 6/14/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number

JUL 23 1948

Date Filed

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

David Russell

Licensed Embalmer No. *4520*

P. O. Address. *St. Clair, 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.