

FILED DEC 7 1948

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community 40 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 94
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 305 West 11th 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEOLA MAE TARPLEY

3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Tarpley 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Oct. 25 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	0	24	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Arthur Mahoney

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

14. Maiden name Ada Conley

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

16. (a) Informant Mr. Carl Tarpley

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof Nov. 22, 1948
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Price Funeral Home

18. (a) Signature of funeral director _____

(b) Address Maryville, Missouri

19. (a) 11-27-48 (b) Bess Holtz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1948 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from October 25, 1948 to Nov 19, 1948; and that I last saw her alive on November 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral metastases to liver
Due to _____

Due to _____

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

Major findings: as above
Of operations _____
Of autopsy H/O

Duration
?

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? _____

(Specify type of place) _____
While at work? _____ Means of injury _____

23. Signature B.F. Beland (M. D. or other) MD
Address 131 S. Maryville, Missouri Date signed 11/24/48

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

2
43
-39
38671

MOTHER FATHER

**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.....

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

Signed..... *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.