

Registration District No. 272

Primary Registration District No. 4545

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Marshfield
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. X

3. (a) PRINT FULL NAME Mary Elizabeth Florence

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Dr. Thomas S. Florence 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased October - 18 - 1856
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 5 If less than one day X hr. X min.

9. Birthplace Highpoint, N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Averil P. Johnson
13. Birthplace Randolph Co. - N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Permelia Cassandra Hampton
15. Birthplace Randolph Co. - N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Inez Florence (daughter)

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof 11-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director Jay J. Jolley

(b) Address Marshfield, Missouri

19. (a) 11-27-1948 (b) J. J. Jolley
(Date received local registrar) (Registrar's signature) 992

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-8-48, 1948, to 11-21-48, 1948;

that I last saw her alive on 11-21-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Terminal illness due to Hypertensive heart disease

Due to -

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

Major findings: Of operations -

Of autopsy 93 J

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) Means of injury 0

23. Signature Robert H. Beers M.D. (M. D. or other)

Address Marshfield, Mo. Date signed 11-24-48

Duration
11-9-48
11-21-48
20 yrs.

PHYSICIAN
-
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1148-1293

Date Filed 11-26-48

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 Alex Rainey
Licensed Embalmer No. 3312
P. O. Address Marshfield, Md

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.