

300
10-47
17-39
3906

State File No. _____

FILED AUG 8 1949
352

Registration District No. _____ Primary Registration District No. 4518

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Hallsville MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
William Young Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 2 years 4
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Claraudia Warner

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Aug 11 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 11 7 hr. min.

9. Birthplace Marian MO Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business Home Keeper

12. Name William O. Kelly

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

14. Maiden name Sarah C. Pully

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

16. (a) Informant Mrs. George Mae Blair

(b) Address Rector MO

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

(c) Place: burial or cremation Springfield MO

18. (a) Signature of funeral director R. O. Wheelchel

(b) Address Brandon MO

19. (a) July 27-1949 (b) E. Cogswell 376
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Taney MO

(c) City or town Rector MO
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? USA (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1949 hour 5 30 minute A M.

21. I hereby certify that I attended the deceased from July 1947
_____ 1947, to July 19 1949

that I last saw her alive on July 19 1949
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary thrombosis acute
arterio-sclerosis attack

Due to _____

Due to age

Other conditions _____
(Include pregnancy within 3 months of death) 4201

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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)

(f) Means of injury _____

23. Signature E. E. Getline (M. D. or other) M.D.
Address Branson MO Date signed July 20

MOTHER, FATHER, BROTHER, SISTER, CHILDREN, GRANDCHILDREN, NEPHEWS, UNCLE, AUNT, COUSINS, SIBLINGS, OTHER RELATIVES, FRIENDS, NEIGHBORS, OTHER PERSONS

1949

RECEIVED JUL 25 1949

District Health Office No. 6,

District File Number 749-858

Date Filed 7-29-49

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.....

Walter S. Cobb

Registered Apprentice No. 307

working under my personal supervision.

Signed Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.