

S.No. 2
M-43
5-17-39
1 X36671

FILED JAN 8 1948

Registration District No. 336 Primary Registration District No. 4493

1. PLACE OF DEATH:
(a) County SHANNON
(b) City or town BIRCH TREE
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SHANNON
(c) City or town BIRCH TREE (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 ALIDA A. VOYLES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 30 year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10:30 to 12:30 and that I last saw her alive on Nov 30 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CALOWAY VOYLES 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased MAY 28 1861 (Month) (Day) (Year)

Immediate cause of death Chilled from exposure due to fall
Duration _____

8. AGE: Years 86 Months 7 Days 3 If less than one day hr. _____ min. _____

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

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name UNKNOWN 9

13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 9 (City, town, or county) (State or foreign country)

15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant CALOWAY VOYLES
(b) Address BIRCH TREE MO

17. (a) BURIAL (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation BIRCH TREE CEMETERY

18. (a) Signature of funeral director DUNCAN FNI HOME
(b) Address MTN VIEW MO

19. (a) 12-11-47 (b) WILLIAM GREEN (Date received local registrar) (Registrar's signature)

Major findings: Of operations: _____
Of autopsy: _____

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) (c) Means of injury _____
23. Signature R.D. Davis (M. D. or other)
Address BIRCH TREE MO Date signed 12/9/47

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

PHYSICIAN
Underline the cause to which death should be attributed.
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 10/1 ✓

1027

Officer No. 6.
District 64815
Date Filed 1-7-48

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 Joe R. Lincum
Licensed Embalmer No. 43285
P. O. Address Northview Me.

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.**