

ED NOV 9 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1741

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton ²⁵

(c) City or town Cameron, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. East 2nd St.
(If rural, give location)

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

3. (a) PRINT FULL NAME James Dennis Tarter

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th.
year 1943 hour 8 minute 15 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased Sept. 28 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-15-43
to 10-17-1943
that I last saw him alive on 10-17-1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>9</u>	hr. _____ min.

Immediate cause of death: Pertussis

Due to Repliment appearing ^{Duration 3 days}

9. Birthplace Summerset Ky.
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12111

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name W. Tarter

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

14. Maiden name Jane Collins

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

PHYSICIAN _____

Major findings: Gangrenous repliment appearing
Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Cletus Tarter

(b) Address Cameron, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof Oct. 17th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo.

(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? _____

18. (a) Signature of funeral director [Signature]

(b) Address Cameron, Mo.

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

23. Signature Paul Jorgensen (M. D. or owner)

Address St. Joseph, Mo. Date signed 10-18-43

19. (a) 10/17/43 (b) Rae Haggag
(Date received local registrar) (Registrar's signature)

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

11
1
7

1230

48

23266

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 _____

[Handwritten Signature]

Licensed Embalmer No. _____

1180

P. O. Address _____

[Handwritten Address]

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.