

Registration District No. 108

Primary Registration District No. 3020

Registrar's No. 53

FILED MAR 11 1940

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
158 N. Main St. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 22 Years years, months or days)

3. (a) PRINT FULL NAME George H. Myatt

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 24, 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 4 hr. _____ min.

9. Birthplace Elenburg, New York
 (City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant's own signature Mrs. Jennie Blankenship

(b) Address 158 N. Main, Carthage, Mo.

17. (a) Burial, 1940 (b) Date thereof 3/1/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
 (b) Address 1208 Garrison, Carthage, Mo.

19. (a) Feb. 29, 1940 (b) E. J. Mc Intire, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. 158 N. Main St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
 year 1940 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw _____ alive on Feb. 28, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration _____

Due to _____
 Due to _____ 95 W

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

Major findings: Of operations _____
 Of autopsy View

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? _____

While at work? _____ (Specify type of place) (e) Means of injury Car over
 23. Signature H. T. Winchester (M. D. or other) H
 Address Jasper, Mo. Date signed 2-28-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 340-779

Date Filed MAR 9 1940

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 Eddie Palmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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, above space should be left blank.