

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

REG. 5-17-39

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.

Registration District No. 408

Primary Registration District No. 5563R

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - E. Jackson Township
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution:
Widow's house
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

8. (a) PRINT FULL NAME Lillian May DeBarn

8. (b) If veteran, name war 8. (c) Social Security No. 216

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

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

7. Birth date of deceased Jan 9 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER { 12. Name Harrison Jones

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

14. Maiden name Fancy Thomas

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

16. (a) Informant's own signature Miss Ellen Edington

(b) Address Springfield Mo

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

(c) Place: burial or cremation Alexander Cem

18. (a) Signature of funeral director W. J. McKee

(b) Address West City Mo

19. (a) July 2, 1940 (b) E. J. McEntire, M. D.
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street-No. Rt #1
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1940 hour 19 minute 450 M.

21. I hereby certify that I attended the deceased from June 20/40
July 1st to July 1st 1940
that I last saw h. alive on July 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

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? at

23. Signature W. J. McKee (M. D. or other) MD
Address Carthage Mo Date signed 7/2/40

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, above space should be left blank.