

REG. MAR 19 1941 70
Registration District No. 5633

Primary Registration District No. 5633

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write address number or location)
(d) Length of stay: In hospital or institution 712
(Specify whether
In this community 712
years, months or days)

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. Route 3
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 8th
year 1941 hour 11:25 minute A M.
21. I hereby certify that I attended the deceased from
2-26-38, 19 , to 2-8-41, 19 ;
that I last saw him alive on 2-8-41, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Mt. Tuberculosis Tuber C About four yrs.

Duration

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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?
42
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Jesse Miles Ukena (M. D. or other) 12-8-41
Address Mount Vernon State signed _____

8. (a) PRINT FULL NAME Jesse Miles Ukena
8. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Mrs. Jesse M. Ukena 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 11, 1881
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Golden City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

12. Name Cornelius Ukena
18. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Liesmen
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael Record Clerk
(b) Address Missouri State Sanatorium

17. (a) Burial (b) Date thereof 2-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carthage

18. (a) Signature of funeral director E. McMichael
(b) Address Carthage Mo.

19. 12-8-41 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

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

505

RECEIVED

District Health Officer No. 6,

District File Number 341-376

Date Filed MAR 5 1941

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 Ed Lee

Licensed Embalmer No. 2222

P. O. Address Quincy

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.