

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: 1 n. h. b. b. b.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

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

(d) Street No. Ardeola
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wm. Wesley Cary

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 10 minute 10 AM/PM

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April 14, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938 to Jan 27, 1941
that I last saw him alive on Jan 20, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 9 Days 13 If less than one day _____ hr. _____ min.

Immediate cause of death Senility

Due to _____

Due to _____

9. Birthplace: Dyersburg, Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Gen. Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name _____

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

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Mathewey

(b) Address Advance, Mo RI

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

17. (a) Burial (b) Date thereof 1-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(b) Date of occurrence _____

(c) Place: burial or cremation Moore Court, Ardeola

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? 75

18. (a) Signature of funeral director Watkins

(b) Address 2 Jefferson Mo

While at work? _____ (Specify type of place)

(e) Means of Injury 2

19. (a) 3/14/41 (b) D. S. Mc Kee
(Date received by Registrar) (Registrar's signature)

23. Signature E. A. Masters (M. D. or other P.O.)
Address Advance, Mo Date signed _____

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

83
00

RECEIVED
District Health Officer No. 2,
District File Number 441-459
Date Filed 4/10/41

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.....

Virgil W. Welch
.....

Registered Apprentice No.....

working under my personal supervision.

Signed *Virgil W. Welch*
.....

Licensed Embalmer No. 4102

P. O. Address Dexter - 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.