No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18597

Registration District No. 649 Primary Registration District No. 6286 Registrar's No. 2

**1. PLACE OF DEATH:**

(a) County Ozark

(b) ~~City or town~~ ~~Noble Rural~~ Noble

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 3 yrs 2 mo 16 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Robert Deatherage

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 married

6. (b) Name of husband or wife Nettie Deatherage

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February (Month) 16 (Day), 1876 (Year)

8. AGE: Years 65 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Calfax Baxter Co. Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

FATHER 12. Name Abner J. Deatherage

13. Birthplace Marion Co. Ark. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Frances Hightower

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

16. (a) Informant Mrs Geo Learrington

(b) Address 2107 10th ave S. Nashville Tenn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation Three Brothers, Ark.

18. (a) Signature of funeral director Mrs. Joe M. Adams

(b) Address Cotter, Ark.

19. (a) May 11-41 (Date received by local registrar) (b) Hattie B. Davis (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Ozark

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

(d) ~~Street~~ No. Twp. Noble (If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 22 year 1941 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 12, 1941, to April 22, 1941, that I last saw him alive on April 12, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration Death

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 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. N. Norman (M. D. or other)

Address Ava Date signed 4-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 641-919
Date Filed JUN 9 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 Mrs Joe M. Adams

Licensed Embalmer No. 3939

P. O. Address Cotter, Ark.

**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.**