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X23159

Registration District No. 334

Primary Registration District No. 5465

Registrar's No. 39

FILED JUL 13 1941

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural Bethany Twp
(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 _____ (Specify whether _____)
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

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

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME George Washington Justice

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1941 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 19, 1941, to June 10, 1941;
that I last saw him alive on June 7, 1941;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Dena Justice

6. (c) Age of husband or wife if alive 54 years (Day) (Year)

7. Birth date of deceased April 6 1867
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Duration 5 years.

8. AGE: Years 74 Months 2 Days 6 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Bethany Twp, Harrison Co, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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

MOTHER FATHER

11. Industry or business _____

12. Name Lewis Justice

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

14. Maiden name Catherine Nancy

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

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Dena Justice

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof June 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo.

19. (a) 6/16/41 (b) W. A. Broyles (c) Em Berris
(Date received local registrar) (Registrar's signature)

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? 303
While at work? _____ (Specify type of place) _____
Means of injury ✓

23. Signature W. A. Broyles (M. D. or other) 0
Address Bethany Mo Date signed 6-12-41

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.....
....., Registered Apprentice No. ~~3542~~
working under my personal supervision.

Signed.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address *Bethany 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, fact should be so stated above.