

FILED AUG 15 1941

Primary Registration District No. 52064086 Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town East Lynne
(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 _____ years, months or days

3. (a) PRENT FULL NAME Willis C. Kagarice

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Apr. 25 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Cass Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Dave Kagarice

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

14. Maiden name Nancy Ewald

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

16. (a) Informant Melvina Kagarice

(b) Address East Lynne Mo

17. (a) Burial (b) Date thereof July 1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pitts Chapels

18. (a) Signature of funeral director P. O. Kattler

(b) Address East Lynne Mo

19. (a) 7-1-41 (b) Mrs E. H. Stoneheart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town East Lynne
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1941 hour 10 minute 15 9, M.

21. I hereby certify that I attended the deceased from June 16, 1941, to June 29, 1941;
that I last saw him alive on June 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza with pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (M. D. or other)

23. Signature J. R. Scott (M. D. or other) _____
Address Harpersville Mo Date signed July 1 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.

P. O. Address.....

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.