

FILLED AUG 14 1941

Registration District No. 208

Primary Registration District No. 3020

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days) 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limit, write "RURAL")  
(d) Street No. 1015 Lyon  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Irma H. Van Nortwick

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 19 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Bellfont Pa 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Osteopath

11. Industry or business

12. Name George W. Smith  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Beck  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Amy Deav  
(b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof July 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cem. Lamar, Mo.

18. (a) Signature of funeral director Konantz Funeral Home  
(b) Address Lamar, Mo.

19. (a) July 5, 1941 (b) E. J. Mc Intire, M. D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1941 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6-29-41 19, to 7-4-41 19;  
that I last saw him alive on 7-3-41 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Brights  
Due to Senility

Due to 1315  
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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. E. Baker (M. D. or other) D. M. D.  
Address Carthage Date signed 7-5-41

41-8-713

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**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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.**