

FILED AUG 7 1941 696
Registration District No.

Primary Registration District No. 5924

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Smithville, Carroll Twp
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Smithville 1
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941 hour 7 minute 9 A. M.

21. I hereby certify that I attended the deceased from July 6, 1941, to July 6, 1941
that I last saw him alive on July 6, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
vascular heart disease

Duration

Due to _____
Due to 97d

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? _____

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

23. Signature J. F. R. Ruppel (M. D. or other) 19
Address Smithville, Mo. Date signed 7-7-41

3. (a) PRINT FULL NAME Charley Justus

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nadine R. Harrington 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 18, 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Platte County (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ewery Justus

13. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

14. Maiden name Carolyn Collier

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Nadine H. Justus

(b) Address Smithville, Mo.

17. (a) Burial (b) Date thereof July 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goss Cemetery

18. (a) Signature of funeral director The Kansas Mortuary

(b) Address Smithville, Mo.

19. (a) July 7, 1941 (b) M. S. M. Murray
(Date received local registrar) (Registrar's signature)

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

3
0
0

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville,

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.