

FILLED NOV 13 1941

Registration District No. 408

Primary Registration District No. 2020

Registrar's No. 155

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 2 Days
(Specify whether years, months or days)
 In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Carthage R # 1
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
 year 1941 hour 3 minute 50 p.M.
 21. I hereby certify that I attended the deceased from Sept.
 1941 to Oct. 22 1941;
 that I last saw h. er alive on Oct. 22 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar pneumonia Duration 3 days
 Due to Hypothyroidism with 6 mo -
thyrotoxic crisis 2 days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 108
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Missouri Brewer

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

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

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 8 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Mountainburg Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name James Killingsworth

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

14. Maiden name Mary Ranfrow

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

16. (a) Informant Mrs Vera Baker

(b) Address Carthage R # 1

17. (a) Removal (b) Date thereof Oct. 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alma Arkansas

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Oct. 23 1941 (b) E. J. M. Intire, M.D.
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Charles J. Scheel (M. D. or other) D.D.O.
 Address Carthage, Mo. Date signed 10/23/41

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

41-11-910

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 *John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.