

JAN 14 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 193

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 6 Days
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 309 N. Main St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Luricia Bledsoe

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1941 hour 4:15 minute AM

21. I hereby certify that I attended the deceased from Dec 4 1941 to Dec 5 1941
that I last saw him alive on Dec 4 1941
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased: March 20 1899
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>7</u>	<u>14</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Stockton 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name Al Houston

13. Birthplace Knox Co. 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annie Clevenger

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Myocarditis, C.P.C.
Of operations

Of autopsy

16. (a) Informant Mrs Charles Russow

(b) Address 309 Main St. Carthage Mo.

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?

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

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

23. Signature (Specify type of place) (e) (M. D. or other)

Address Carthage Date signed 12-6-41

19. (a) Dec. 6, 1941 (Date received local registrar) (b) E. J. McSartin, M.D. (Registrar's signature)

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

19
1
3

42-1-1105

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 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.