

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Thosasa City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1405 Washington St. Home
(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) PRINT FULL NAME ALICE TARUIS

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

4. Sex Female 5. Color or race Cal. 6. (a) Single, wid, married, divorced Single

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

7. Birth date of deceased _____ (Month) (Day) (Year)

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

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

10. Usual occupation unknown

11. Industry or business unknown

MOTHER FATHER { 12. Name unknown
18. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Rosie Lee Jones

(b) Address 1405 Washington St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Edgar Bowling

(b) Address 1513 2nd St. N.C. Mo

19. (a) 1-22-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸
(c) City or town Thosasa City (If outside city or town limits, write "RURAL")
(d) Street No. 1405 Washington St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month unknown day 1-8-42 year 1942 hour unknown minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____
that he was alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Chronic myocarditis

Due to 92 D

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Inspection

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 W. W. Smith (M. D. or other) _____
Address K.C. Mo Date signed _____

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

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

[Handwritten Signature]
Licensed Embalmer No. 3388

P. O. Address K.C. 2401

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.