

FILED MAR 11 1942
Registration District No. 308

Primary Registration District No. 3020

Registrar's No. 27

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:
309 Bois d Arc
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 37 Years
years, months or days)

3. (a) PRINT FULL NAME Ora Jay Dome

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

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

6. (b) Name of husband or wife Adelia 6. (c) Age of husband or wife in
years

7. Birth date of deceased Sept 21 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 13 hr. 1 min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name John Dome

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

14. Maiden name Elizabeth Steine

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

16. (a) Informant Eva Dome

(b) Address 309 Bois d Arc, Carthage Mo

17. (a) Burial (b) Date thereof Feb 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Feb 7, 1942 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

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 Bois d Arc
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 26, 1941
19 to Feb. 4 1942;

that I last saw him alive on Feb. 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis
Chronic Nephritis

Duration

5 yrs
5 yrs

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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) No

(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 George H. Wood (M. D. or other) M. D.
Address 304 Grant, Carthage, Mo. Date signed 2/6/42

1203

42-2-127

APR 3 1948

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.