

FILED SEP 1 1942
Registration District No. 3195

Primary Registration District No. 6280

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Wright - (Rural) Hartsville
(b) City or town Hartsville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home of his daughter
Mrs. Homer Rainey 1/2 mi. south east of Hartsville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 62 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
City or town Hartsville Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles southeast of Hartsville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME MARTAIN ABRAHAM USSERY

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

4. Sex M. O. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wada USSery 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 30 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Wright Co. Mo. O.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Martain USSery
13. Birthplace Wright Co. Mo. O.
(City, town, or county) (State or foreign country)
14. Maiden name Adaline Hager
15. Birthplace Mo. O.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Homer Rainey
(b) Address Woodswood Mo.

17. (a) Burial (b) Date thereof 2-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Gene E. Holden
(b) Address Hartsville Mo.

19. (a) 8-23-1942 (b) W. G. Wynnon.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19
year 42 hour 10:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1st '38
1942 to Aug 19 1942
that I last saw him alive on Aug 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Medical
Spontaneous
Due to Rheumatism
Due to Sugar Diabetes
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 61
Of operations _____
Of autopsy _____

Duration
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 [Signature] (M. D. or other)
Address [Address] Date signed _____

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

Rev. 5-17-39 N. B. 1 X1951

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 942-1351

Date Filed SEP 10 1942

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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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, above space should be left blank.