

STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1943

Registration District No. **4038**

Primary Registration District No. **3020**

Registrar's No. **245**

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: Stone Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME George Washington Cales

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Mar
 6. (b) Name of husband or wife Letitia Cales 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased September 17 1861
 (Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER, FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Edna Smith

(b) Address Liberal, Mo.

17. (a) Removal (b) Date thereof 12 8 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberal, Mo.

18. (a) Signature of funeral director J. M. Penney

(b) Address Merchery, Kansas

19. (a) Dec. 8, 1942 (b) E. Elizabeth Couplin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Liberal
 (If outside city or town limits, write "RURAL")
 (d) Street No. City
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
 year 1942 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov 30
1942 to Dec 7, 1942
 that I last saw him alive on Dec 7, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
congestive Duration 3 da

Due to Myocarditis / 1 week

Due to Senility

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

Major findings: Of operations none

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) _____
 (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?

(Specify type of place) _____
 While at work? _____ Means of injury _____
 23. Signature Albert B. Wheeler (M. D. or other) DO
 Address Carthage Mo. Date signed Dec 8, 42

42-12-1053

FEB 8 1943

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 J. M. Berkey
Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans.

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.