

FILED MAR 8 1943

State File No.

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
South 1st St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 6 Mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Odessa Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Lorine Deshager

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife John Deshager

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased JAN 8 1914
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>0</u>	<u>27</u>	hr. min.

9. Birthplace Harrisonville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name George Hayes

13. Birthplace Cass Co Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Quister Brown

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

16. (a) Informant John Deshager

(b) Address Odessa Mo.

17. (a) Burial (b) Date thereof 2-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville

18. (a) Signature of funeral director Blinnie Jones

(b) Address Odessa Mo.

19. (a) Mar-1-43 (b) Mrs W.F. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1943 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4:30 P.M. February 5, 1943 to 6:50 P.M. Feb 5, 1943
that I last saw h. af. alive on Feb 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart failure at time
and

Due to Myocardial Disease

Due to _____

Other conditions 93e
(Include pregnancy within 3 months of death)

Major findings:
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 2

23. Signature Betty J. Slaughter (M.D. or other) DO
Address Odessa Mo Date signed Feb 5 1943

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-5-42

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 Horace Blumel

Licensed Embalmer No. 2758

P. O. Address Odessa 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.