

ED MAY 13 1943

Registration District No. **155**

Primary Registration District No. **4245**

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Osage
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 14 4 years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Osage
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Hull Waring
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29
 year 1943 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from
4-10, 1943, to 4-28, 1943
 that I last saw her alive on 4-28, 1943
 and that death occurred on the date and hour stated above.

4. Female 5. Color of White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 11 1854
 (Month) (Day) (Year)

Immediate cause of death Pericarditis
 Due to Influenza
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 90 lb
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years 89 Months 1 Days 18 If less than one day _____ hr. _____ min.
9. Birthplace: Stamford Penna (City, town, or county) (State or foreign country)

10. Usual occupation: at home
11. Industry or business:
12. Name: William Hugel
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Mary Jean
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

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 case) (c) Manner of injury _____

16. (a) Informant: Guy H. Waring
 (b) Address Osage Mo.
17. (a) Removal: (b) Date thereof April 30 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jasper Penna
18. (a) Signature of funeral director: Walter Hall
 (b) Address Walt City Mo
19. (a) Date received local registrar: April 30 1943 (b) Registrar's signature: Walter Hall
 (Date received local registrar) (Registrar's signature)

23. Signature: Walter Hall (M. D. or other) MO
 Address: Walt City MO Date signed 4-30-43

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

48000

49

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1140

43-4-384

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address: Webb City 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.