See also 21265-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17744

State File No.

FILED MAY 24 1943

Registration District No. 101 | Primary Registration District No. 4173 | Registrar's No. 31

34 0 0

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

1. PLACE OF DEATH:
(a) County DOUGLAS
(b) City or town AVA MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EAST OF AVA MO (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DOUGLAS
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. EAST OF AVA MO (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME JANIE WEATHERLY
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAKE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JULY (Month) 29 (Day) 1884 (Year)
8. AGE: Years 60 Months 8 Days 16 If less than one day hr. min.
9. Birthplace DOUGLAS Co (City, town, or county) MOO (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business
MOTHER FATHER
12. Name BEN BROWN
13. Birthplace SPRINGFIELD ILL (City, town, or county) (State or foreign country)
14. Maiden name HANNE K. HOLMAN
15. Birthplace UNKNOWN (City, town, or county) MO (State or foreign country)
16. (a) Informant Mrs Ella Albert
(b) Address Ava mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 14-43 (Month) (Day) (Year)
(c) Place: burial or cremation WHITE CREEK
18. (a) Signature of funeral director MCCLURE FUNERAL
(b) Address GAINESVILLE MO PHONE
19. (a) 5-19-43 (Date received local registrar) (b) Thelma E Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13 TH year 1943 hour 3 minute P M.
21. I hereby certify that I attended the deceased from Mar 7, 1943, to Apr 13, 1943, that I last saw her alive on Apr 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Abscess of lungs — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (e) Means of injury
Signature J. L. Henley (M. D. or other)
Address Ava Mo Date signed

1006 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 543.660
Date Filed MAY 20 1943

Body Not Embalmed Not Family desire

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Farmville, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

U. S. No. 2B
OMM—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. MC

Registration District No. 101 Primary Registration District No. 4173 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Janie Heatherly
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 29 (Day) 1882 (Year)

8. AGE: Years 60 Months 8 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 3 Day year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.
Immediate cause of death abscess of lungs.
Due to tuberculosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underli the cause which de should charged s tistically

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) (Sta
(b) Did injury occur in or about home, on farm, in industrial place, in public pl (Specify type of place)
While at work? (c) Means of injury
23. Signature J. L. Gentry (M. D. or other)
Address Ava Mo Date signed

SUPPLEMENTARY

5-121 17744