

REGISTRATION DISTRICT NO. 1002

Primary Registration District No. 1002

Registrar's No. 2784

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: McCreary Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days) 13 days

In this community 13 days  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural - Mineral Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 3 - Carthage  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Larry Wayne McHaffie

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1943 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from 6-8-43 1943, to 6-21 1943;

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 14 years (Day) (Year)

7. Birth date of deceased: Nov 14 1942  
(Month) (Day) (Year)

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate Cause of death Post Mortem  
Acute military tuberculosis  
Due to with emphysema at base of brain + internal hydrocephalus, multiple generalized tubercles of the abdomen and  
varicella caseation

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

7	7		
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hr. min.

Major findings: Of operations in open of left lung and caseating bronchial nodes

Of autopsy bronchial nodes

PHYSICIAN 22a

Underline the cause to which death should be charged statistically.

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

10. Usual occupation drf.

11. Industry or business

12. Name George B. McHaffie

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

14. Maiden name Wilma Howell

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

16. (a) Informant Wilma Howell - mother

(b) Address Rt 3 Carthage MO

17. (a) burial (b) Date thereof 6-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoney Creek Cemetery

18. (a) Signature of funeral director W. E. Brown

(b) Address 1208 So. Parkway Carthage

19. (a) 6-21-43 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 22a

(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)

23. Signature John H. Haskins M.D. (M. D. or other)

Address W. E. Childers Hwy Date signed 6-21-43

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

MOTHER FATHER

*Handwritten scribbles and illegible text at the top left of the page.*

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**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 *Ed Hellmer*  
Licensed Embalmer No. *2222*  
P. O. Address *Carthage, 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.**