S. No. 2
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Duplicate of 17744-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21265

State File No.

FILED JUN 23 1943

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 46

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
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DOUGLAS 34

(c) City or town RURAL 0
(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 0

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) 1904 (Year)

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

9. Birthplace DOUGLAS C. (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business

FATHER
12. Name BEN BROWN
13. Birthplace SPRINGFIELD ILL (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name HANNE K. HOLMAN
15. Birthplace UNKNOWN (City, town, or county) MO (State or foreign country)

16. (a) Informant [illegible]

(b) Address [illegible]

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 [illegible]

(b) Address GAINESVILLE MO

19. (a) 5-19-43 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13 TH year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h[illegible] alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: 5 abcess of lungs	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 114d	
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

23. Signature J. L. Gentry (M. D. or other)

Address Ava Mo Date signed 4-19-43

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 643-692
Date Filed JUN 21 1943

5(2) 17744

Body N.A. Embalmed N.A. Family [illegible]

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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.