

FILED JUL 12 1943
Registration District No. 233

Primary Registration District No. 3022

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

1. PLACE OF DEATH:

(a) County 7 Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Rural
(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

Jesse Vere Courtney

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1943 hour 9 minute 45 P M.
21. I hereby certify that I attended the deceased from June 16, 1943, to June 16, 1943
that I last saw him alive on June 16, 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maudie Courtney 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Sept 6, 1893
(Month) (Day) (Year)

Immediate cause of death Bronchial edema 1 day
Duration

8. AGE: Years 49 Months 9 Days 10 If less than one day hr. _____ min. _____

Due to Chronic Bronchitis
Due to _____

9. Birthplace Harrison County Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations _____
Of autopsy _____
106 f

MOTHER FATHER

11. Industry or business _____
12. Name John Courtney
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Ella Morris
15. Birthplace Harrison County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maudie Courtney
(b) Address Bidgway Mrs
17. (a) Rural (b) Date thereof June 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dale Cemetery
18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo
19. (a) 6-21-43 (b) Zola M. Burris
(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) _____
(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 _____
23. Signature J.P. Latta (M. D. or other)
Address Bethany Mo Date signed 6-21-43

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.....

Joe E. Wheeler

Licensed Embalmer No.....

3512

P. O. Address.....

Bethany MD

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.