

FILED JUN 30 1943  
Registration District No. **2997**

Primary Registration District No. **5928**

1. PLACE OF DEATH:

(a) County **Pettis**

(b) City or town **Beaman** *Nearby* *Wichita*

(c) Name of hospital or institution: **None**

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau** **63**

(c) City or town **Rural** (If outside city or town limits, write "RURAL.")

(d) Street No. **3 miles N.E. Tipton, Mo.** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **Native**

3. (a) PRINT FULL NAME **James Elmer Larey**

(b) If veteran, name war **None**

(c) Social Security No. **None**

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Martha Larey**

6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **April, 25th, 18 66**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>77</b>	<b>1</b>	<b>18</b>	hr. min.

9. Birthplace **Lima Ohio**

(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired**

MOTHER FATHER {

12. Name **Michael Larey**

13. Birthplace **Virginia**

(City, town, or county) (State or foreign country)

14. Maiden name **Franklin**

15. Birthplace **Ohio**

(City, town, or county) (State or foreign country)

16. (a) Informant **A. E. Larey**

(b) Address **Beaman, Mo**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **6/23/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksburg Masonic**

18. (a) Signature of funeral director **Jewell E. Richards**

(b) Address **TIPTON-MO**

19. (a) **6-13-43** (Date received local registrar)

**Mrs Anna Berger** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13th**

year **1943** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Apr 1**

**1943** 19 to **June 13** 19 **43**

that I last saw him alive on **June 8** 19 **43**

and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes**

Due to **senility**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **61**

Of autopsy

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. F. Potts** (M. D. number)

Address **Tipton Mo** Date signed **6/13/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 6-29-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>was</sup> embalmed by me, or by *W. H. W.*

Registered Apprentice No. *W. H. W.*

working under my personal supervision.

Signed *Jessie E. Richards*

Licensed Embalmer No. *2466*

P. O. Address *TIPTON, 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.

JUL 30 1943