

Registration District 15

Primary Registration District No. 3004

Registrar's No. 34

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Lamar
 (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)
 In this community 1933 years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME Etta Cloe Cosart
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 2
 year 1943 hour 2 minute 30 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 5 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19, 1943 to June 2nd 1943
 that I last saw or alive on June 2nd 1943
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>68</u> | <u>9</u> | <u>27</u> | _____ hr. _____ min. |

Immediate cause of death Cerebral Hemorrhage Duration 15 days

9. Birthplace Fithian Ill.
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation housewife
 11. Industry or business _____
 12. Name Jessie Upperman
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Hannah Dearth
 15. Birthplace Ind.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Capt. Everett L. Cosart
 (b) Address Ft. Leavenworth
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Lebe Cemetery
 18. (a) Signature of funeral director River Funeral Home
 (b) Address Lamar, Missouri
 19. (a) 6-3-43 (Date received local registrar) (b) Martha River (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? Home (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 I. R. Goshorn (M. D. or other)
 Address Lamar, Mo. Date signed 6/2/43

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

MOTHER FATHER

6

RECEIVED

District Health Officer No. 6,

District File Number 743-894

Date Filed JUL 20 1943

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..... *R. W. River*.....

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.