

LED AUG 9 1943
Registration District No. _____

Primary Registration District No. 3025

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Newton Co

(b) City or town West Plains
(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 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Newton

(c) City or town West Plains mo
(If outside city or town limits, write "RURAL")

(d) Street No. R F D
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice M. Jarland

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5 year 1943 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from 4-5-1943 to 6-5-1943
that I last saw him alive on 5-31-1943
and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W

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

6. (b) Name of husband or wife Olus M. Jarland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28-1884
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 4-5-43

Due to _____

Due to _____

Other conditions Hypertensive myocarditis 8 yrs
(Include pregnancy within 3 months of death)

8. AGE: Years 58 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Oregon Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Newton Huddleton

13. Birthplace Oregon Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Huddleton

15. Birthplace Oregon Co, mo
(City, town, or county) (State or foreign country)

16. (a) Informant Alice M. Jarland

(b) Address West Plains, mo

17. (a) _____ (b) Date thereof 6/7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. H. Rose

18. (a) Signature of funeral director [Signature]

(b) Address West Plains mo

19. (a) 7-20-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 108

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. C. Bohrer (M. D. or other) mo

Address West Plains mo Date signed 7-17-43

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

15

RECEIVED

District Health Officer No. 5,

District File Number 843477

Date Filed 8-6-45

AUG 17 1945

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 P. L. Roberts
Licensed Embalmer No. 3479
P. O. Address Westville, N.C.

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.