

AUG 25 1943

Registration District No. 175

Primary Registration District No. 5648

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Wentworth Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Wentworth - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John E. Larson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 30
year 1943 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 6
1942 to June 30, 1943

4. Sex M 5. Color or Race W.

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

6. (b) Name of husband or wife Olga Larson 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug 80 1410 1862
(Month) (Day) (Year)

that I last saw him alive on June 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes
Due to _____
Due to _____

Duration unknown

8. AGE: Years 80 Months 10 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Eric Larson

13. Birthplace Sweden H
(City, town, or county) (State or foreign country)

14. Maiden name Clara Ryberg

15. Birthplace Sweden H
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Larson

(b) Address Wentworth, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Dry valley

18. (a) Signature of funeral director Victor D. Muehle

(b) Address Peerie City, Mo.

19. (a) July 1, 1943 (b) Eugene Sweeney
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury 2

23. Signature Charles S. Moore (M. D. or other) DO.
Address Peerie City Date signed 7/1/43

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

FILED

RECEIVED

District Health Officer No. 6,

District File Number 843-904

Date Filed AUG 20 1965

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

W. M. Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.