

Registration District No. 192

Primary Registration District No. 5707

1. PLACE OF DEATH

(a) County McDonald  
(b) City or town Rural McDonald  
(c) Name of hospital or institution Anderson Mos R.D.  
(d) Length of stay: In hospital or institution 5 weeks  
In this community 5 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County McDonald  
(c) City or town Rural  
(d) Street No. Anderson Mos R.D.  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Edmund Laver Divine

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased July 9-1943

8. AGE: Years 0 Months 1 Days 7

9. Birthplace Mo

10. Usual occupation

11. Industry or business

12. Name Jessie Divine

13. Birthplace Mo

14. Maiden name Anna Cook

15. Birthplace Mo

16. (a) Informant Jessie Divine

(b) Address Anderson Mo

17. (a) (b) Date thereof 8-17-43

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) Virginia Buck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 16 Year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 15 1943 to Aug 16 1943 that I last saw him alive on Aug 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum

Due to

Other conditions 1190

Major findings: Of operations

Of autopsy none

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature J. B. Buck (M. D. or other) Address Anderson Mo Date signed 8/20/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5000

1324

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number

943-1026

Date Filed

SEP 11 1943

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.