

FILED JAN 12 1943

Registration District No. 2

Primary Registration District No. 5781

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Müller
(b) City or town Brunley - MO
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole
(c) City or town Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No. 116 06 - Washington (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes; name country _____

In this community _____ years, months or days

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Carico

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

20. DATE OF DEATH: Month Dec day 15 year 1943 hour _____ minute 39 M.

21. I hereby certify that I attended the deceased from Dec 14 1943 to Dec 15 1943 that I last saw him alive on Dec 15 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Racra William Carico 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Oct 18 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
apoplexy
Due to arterio sclerosis 10 years

8. AGE: Years 72 Months 1 Days 27 If less than one day hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Milly County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant E. Ho Caldwell

(b) Address Jefferson City

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's

18. (a) Signature of funeral director Ch Casey
(b) Address Berea Mo

19. (a) 12-24-43 (Date received local registrar) (b) CR Hawkins (Registrar's signature)

Major findings: Of operations _____
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?

23. Signature Myron Jones (M. D. or other) MD
Address Brunley Mo Date signed 12/23/43

Duration 19 1/2 hrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

66
0
0

please hand no 1

RECEIVED

Miller County Health Dept.

County File Number 44-11

Date Filed 1-7-44

JAN 18 1944

NOV 14 1944

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 Ch Casey

Licensed Embalmer No. 2694

P. O. Address Bozra 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.