

FILED MAR 13 1944 10

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Androsia
(b) City or town Mexico Mo.
(c) Name of hospital or institution: Autumn Co. Hosp.
(d) Length of stay: _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Monroe
(c) City or town Rural
(d) Street No. S. Park St.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME LOSHART-ARBUCKLE SPRETT

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV. 3 - 1955
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance

11. Industry or business _____

12. Name David S. Craig
13. Birthplace Virginia
14. Maiden name Emily Arbuckle
15. Birthplace Virginia

16. (a) Informant Wm. Craig
(b) Address Mexico Mo.
17. (a) Funeral (b) Date thereof Feb 13 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Autumn Co. Hosp. Monroe Mo.
18. (a) Signature of funeral director Spencer Hampton
(b) Address South St. Mexico Mo.
19. (a) 2/13/44 (b) Margaret Maslin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12
year 1944 hour 7:55 minute PM

21. I hereby certify that I attended the deceased from Jan 24, 1944, to Feb 12, 1944;
that I last saw him alive on Feb 11, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to General arteriosclerosis
Hypertrophic arthritis
Due to Primary breast infection
Other conditions (include pregnancy within 3 months of death) _____

Major findings: None 93d
Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

23. Signature H. Arbuckle (M. D. or other) MD
Address Mexico Mo. Date signed 2/13/44

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

RECEIVED

District Health Officer No. 10

District File Number 3-44-625

Date Filed MAR 10 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 Ray A. McPherson

Licensed Embalmer No. 1793

P.O. Address Mexico

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.