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

Registration District No. 366

Primary Registration District No. 6244

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Union, Mo.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Rural Union, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Old Miller
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1944 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1942
_____, 19____, to Jan 1944

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Acute Dilatation of Heart from
Due to Essential Hypertension

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

Major findings: _____
Of operations 9504
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 _____

23. Signature J. F. Russell (M. D. or other) _____
Address Rural Union, Mo. Date 2/29/44

3. (a) PRINT FULL NAME Hallie W. Degonia

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

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

6. (b) Name of husband or wife Andrew Degonia 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: Oct 7 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Mary W. Hall

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

14. Maiden name Bella Hallersworth

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

16. (a) Informant Andrew W. Degonia

(b) Address Old Miller, Mo.

17. (a) Burial (b) Date thereof Jan 22-44
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Peter's Mo.

18. (a) Signature of funeral director C. J. Spahr

(b) Address Peter's Mo.

19. (a) 2-29-44 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

District Health Officer No. 4
District File Number 344-3506
Date Filed 3-8-44

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

Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat Ruerd

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.