

Registration District No. 47

Primary Registration District No. 3008

14
 1
 2
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Calloway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hosp #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community same

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howard
 (c) City or town Glasgow
(If outside city or town limits, write "RURAL")
 (d) Street No. 1
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Frank Roy
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 30 year 1944 hour 10 minute 40 P M.
 21. I hereby certify that I attended the deceased from April 29 1944 to April 30 1944
 that I last saw him alive on April 29 1944 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race negro
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife DK 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 4 1892
(Month) (Day) (Year)

Immediate cause of death Chronic Myo Carditis
 Duration _____

8. AGE: Years 22 Months 1 Days 24
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Broom maker
 11. Industry or business same

Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name DK
 13. Birthplace DK 9
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Jones
 15. Birthplace DK 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Records
 (b) Address _____
 17. (a) Removal (b) Date thereof May 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Glasgow Mo

While at work? _____ (Specify type of place)
 (2) Means of injury _____
 23. Signature R. F. Price (M. D. or other) MD
 Address Fulton Date signed 4/30/44

18. (a) Signature of funeral director Ardeley J. Smith
 (b) Address Glasgow Mo
 19. (a) May 1 - 1944 (b) Jose M. Monteflo
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44.....

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

J. Walker Ainsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.