

FILED MAY 24 1944

Registration District No. 68

Primary Registration District No. 5266

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Ozark Mo RR
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Linby Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community most of her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Jona Attebery

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

4. Sex Female 5. Color or race w. 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Jimmy Attebery 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Christian Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name M. B. Stine
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary Kaler
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Jimmy Attebery

(b) Address Ozark Mo RR

17. (a) Burial (b) Date thereof May 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Valley Cemetery

18. (a) Signature of funeral director J. B. Chaffin

(b) Address Ozark Mo.

19. (a) April 7 1944 (b) Mabel Mapes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 11, 1944, to May 2nd, 1944
that I last saw her alive on May 2 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Trouble

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. B. Chaffin (M. D. or other) _____

Address Ozark Mo. Date signed 5-3-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 0;

District File Number 544-577

Date Filed MAY 17 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 T. B. Chaffin

Licensed Embalmer No. 2182

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 68 Primary Registration District No. 5266

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days
3. (a) PRINT FULL NAME Lona Attebery
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 _____ 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Feb 2 - 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days _____ (If less than one day, _____ min.)
9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2 1988
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

17763