

FILED JUN 12 1944

Registration District No. 13

Primary Registration District No. 5715

Registrar's No. 13

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Rural White Rock  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
neither  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 mi S.W. of Jone  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME HUGH H UNDERWOOD

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married single  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if  
alive ✓ years  
7. Birth date of deceased mar 23 1892  
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 5 If less than one day  
✓ hr. ✓ min.

9. Birthplace Jone (City, town, or county) mo (State or foreign country)

10. Usual occupation Tramway

11. Industry or business ✓

12. Name James Underwood  
13. Birthplace Jone (City, town, or county) mo (State or foreign country)  
14. Maiden name Jone  
15. Birthplace Newton (City, town, or county) mo (State or foreign country)

16. (a) Informant Ora Baker

(b) Address Jone mo

17. (a) Rural (b) Date thereof mar 23 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jone mo

18. (a) Signature of funeral director: Jatem Funeral Home

(b) Address Anderson mo

19. (a) June 5-44 (b) Ora Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th  
year 1944 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to gun shot wound

Due to \_\_\_\_\_

Other conditions 164c  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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) Suicide

(b) Date of occurrence May 28th 1944

(c) Where did injury occur? Jone McDonald mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(Specify type of place) While at work \_\_\_\_\_ (e) Means of injury gun shot

23. Signature J. M. Dunphy (Name of physician or other) physician  
Address Pinckney mo Date signed 5-31-44

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

MOTHER FATHER

1205

RECEIVED

District Health Officer No. 6,

District File Number 644-704

Date Filed 111N 8 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 me  
....., Registered Apprentice No. ✓  
working under my personal supervision.

Signed R. E. Cheatham

Licensed Embalmer No. 3873

P. O. Address Onderdonk Ave

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.