

FILED JUL 7 1944
368

Registration District No.

Primary Registration District No. 6248

Registrar's No. 4

1. PLACE OF DEATH:

(a) County... Wagoner

(b) City or town... Wagoner
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... Richwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 2 1/2
(Specify, whether years, months or days)

In this community... 2 1/2
(Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo

(b) County... Wagoner

(c) City or town... Richwood
(If outside city or town limits, write "RURAL")

(d) Street No... Rural
(If rural, give location)

(e) Citizen of foreign country? No
If yes, name country... U

3. (a) PRINT FULL NAME... ANNIE MARGARET COURTNEY

3. (b) If veteran, name war... —

3. (c) Social Security No... —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 8-20 minute 30 A.M.

21. I hereby certify that I attended the deceased from... 19... to... 19...
that I last saw her alive on 6-14, 1944
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced... 0

6. (b) Name of husband or wife... —

6. (c) Age of husband or wife if alive... — years

7. Birth date of deceased... 6 14 1944
(Month) (Day) (Year)

Immediate cause of death... Pneumonia
Birth

Due to... Bout 2 months in excess and
Due to inability to take food

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

8. AGE: Years Months Days If less than one day
— hr. — min.

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

10. Usual occupation... —

11. Industry or business... —

MOTHER { 12. Name... Joseph Courtney

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

14. Maiden name... Jane Courtoise

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

Major findings: Of operations... 159

Of autopsy... —

PHYSICIAN... —
Underline the cause to which death should be charged statistically.

16. (a) Informant... Joseph Courtney

(b) Address... Richwood, Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof... 6/15-44
(Month) (Day) (Year)

(c) Place: burial or cremation... Richwood, Mo

18. (a) Signature of funeral director... J. J. [Signature]

(b) Address... Richwood, Mo

19. (a) 6/15-44
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

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... O. W. Parker (M. D. —)
Address... Richwood Date signed... 6/15-44

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

110 000

RECEIVED

District Health Officer No. 4
District File Number 744-4025
Date Filed 7-6-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.