

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

1. PLACE OF DEATH:

(a) County Wap

(b) City or town Rural S.V. 0.0.1.0 L.
(If outside city or town limits, write "RURAL" and name of township)

(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Tenn 107

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles East of Licking 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME David C Priest

3. (b) If veteran, name war V

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Emma Priest

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec 23, 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
year 1944 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Apr 1944 to July 6, 1944
that I last saw him alive on July 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma in Uterus

Duration _____

8. AGE: Years 84 Months 6 Days 1 If less than one day _____ min.

9. Birthplace Van Buren Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Walter Priest

13. Birthplace Licking MO
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Thomas

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Emma P. Priest

(b) Address Licking Mo.

17. (a) Burial (b) Date thereof 6-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waller's Cem

18. (a) Signature of funeral director Smith Ferguson

(b) Address Licking Mo

19. (a) 7-1-1944 (b) Maggie Wilson
(Date received local registrar) (Registrar's signature)

Due to _____

Due to 45%

Other conditions (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) _____

(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 Leslie Kaidor (M. D. or other) MD

Address Licking Mo Date signed _____

1257

RECEIVED

District Health Officer No. 5,

District File Number 74441

Date Filed 7-24-44

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Emmett E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Locking MD

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.