

FILED AUG 9 1944
Registration District No. 21944

Primary Registration District No. 6225

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Wernon - Washington
 (b) City or town Quail - Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hosp # 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 32 yrs 8 months
 (Specify whether
 In this community same
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 107
 (c) City or town Longwood
 (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 _____

3. (a) PRINT FULL NAME Joseph Sidney Settles
 (b) If veteran name war None
 (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 7 1867
 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 23
 If less than one day hr. min.

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

10. Usual occupation Watchmaker

11. Industry or business _____

MOTHER FATHER
 12. Name Joseph Settles
 13. Birthplace Georgetown, Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Joseph Robinson
 15. Birthplace Waverly, Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Wesley Reed
 (b) Address Newada, Mo.

17. (a) Removal (b) Date thereof 7-24-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Ewing Funeral Home
 (b) Address Sedalia, Mo.

19. (a) 7-24-44 (b) Wesley B. Beureck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
 year 1944 hour 2 minute 35 P.
 21. I hereby certify that I attended the deceased from Nov. 15, 1938, to July 27, 1944
 that I last saw him alive on July 27, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
 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) No
 (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)
 (c) Means of injury _____
 23. Signature Wesley B. Beureck (M. D. or other) _____
 Address Newada Date signed 7/24/44

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

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

RECEIVED
District Health Officer No. 7,
District File Number 2-44-900
Date Filed 8-5-44

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 Duane Ewing

Licensed Embalmer No. 3857

P. O. Address Seckata, Wis

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.