

FILED OCT 14 1944

Registration District No. 170

Primary Registration District No. 5632

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Oakland (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osage Army
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Rural 53
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE THOMAS HEALEY

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

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary C. Healey
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept 6 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 28
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name Samuel Healey
13. Birthplace Jenn
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Pendergraft
15. Birthplace Jenn
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Healey
(b) Address Oakland Mo

17. (a) Burial (b) Date thereof 8-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) Sept-25-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1944 hour 10 minute 50 A.M.

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

Immediate cause of death Prophy

Due to leakage of the heart

Due to mitral insufficiency

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? _____

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

23. Signature A. S. Anthony, M.D. (M. D. or other) _____
Address Oakland, Mo Date signed 8-14-44

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

300

Received

Laclede County Health Unit

File No. 9-44-121

Date Filed 10/11/44

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon Mo.

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.