

FILED SEP 30 1944

Registration District No. 20

Primary Registration District No. 4342

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Jonesburg
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Montgomery
(c) City or town Jonesburg
(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 Caroline Ricks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Color 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27 1842
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
102 4 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Smith
(b) Address Jonesburg
17. (a) Burial (b) Date thereof Aug 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jonesburg

18. (a) Signature of funeral director B. A. Harding
(b) Address Jonesburg
19. (a) Aug 20-44 Lillie Jeffrey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day Tuesday
year 1944 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1942
19 42 to 19 Aug 24 19 44
that I last saw him alive on Aug 21 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
edema + Cardio
renal disease
Due to Myocardial infarction
Due to Arterio Sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 131a

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 2
23. Signature W. B. Kinsler (M. D. or other) MD
Address Jonesburg Date signed Aug 25 44

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

70
00

MOTHER FATHER

RECEIVED

District Health, Officer, No. 9,

District File Number _____

Date Filed 9-26-44

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 Carl A. Harding.....

Licensed Embalmer No. 4115.....

P. O. Address Gonesburg.....

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.