S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4059

State File No. 33787

Registrar's No. 345

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Neelyville
(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 none (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

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

(d) Street No. none
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Wesley Aaron

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mollie Aaron

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 16 (Day) 1873 (Year)

8. AGE: Years 71 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business none

FATHER
12. Name Ben Aaron
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mollie Aaron
(b) Address Neelyville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 26 (Day) 44 (Year)
(c) Place: burial or cremation Harris Ridge

18. (a) Signature of funeral director William S Beary
(b) Address Corning Ark

19. (a) 11-2-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Oct 1st, 1944, to Oct 24, 1944
that I last saw him alive on Oct 24, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrosis of liver

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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 J. J. Farr (M. D. or other)

Address Neelyville Date signed Oct 25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 144-1583
Date Filed 11-8-44

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 William T. Beary, Registered Apprentice No. 371, working under my personal supervision.

Signed H. G. McNabb

Licensed Embalmer No. 3712

P. O. Address Pocahontas, Ark.

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.