

FILED NOV 2 1944

Registration District No. 59

Primary Registration District No. 4093

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Cass
(b) City or town East Lynne
(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 3 days (Specify whether years, months or days)

8. (a) PRINT FULL NAME Beatrice Ann Kagarice

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced SD

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 11 - 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ hr. _____ min.

9. Birthplace East Lynne Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William Kagarice

13. Birthplace Mo, D
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Paul

15. Birthplace Sears, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant William Kagarice

(b) Address Summ City, Mo.

17. (a) Burial (b) Date thereof 9-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summ City Cem.

18. (a) Signature of funeral director P. D. N. Arbyler

(b) Address East Lynne Mo

19. (a) Oct. 25, 1944 (b) Margaret Volk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Summ City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1944 hour one minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 11
1944 to Sept. 14 1944

that I last saw her alive on Sept. 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death obstructive jaundice

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) _____

(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 Paul Green (M. D. or other) P.O.

Address Harrisonville, Mo Date signed Sept. 16, 44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
0
0

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.....

Licensed Embalmer No. *2717*

P. O. Address *East Lyme, M*

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, above space should be left blank.