

FILED NOV 15 1944

State File No. _____

Registration District No. 1988

Primary Registration District No. 5714

Registrar's No. 19

1. PLACE OF DEATH:
 (a) County McDonald
 (b) City or town Pineville Pineville, Mo
 (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: 1 In hospital or institution. (Specify whether
 In this community: None years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County McDonald
 (c) City or town Pineville 60
 (If outside city or town limits, write "RURAL") 8
 (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 Jusan Nesser O'Brien
 3. (b) If veteran, name war none
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 5
 year 1944 hour 18:00 minute _____ at _____ M.
 21. I hereby certify that I attended the deceased from _____
 19____ to July 5 1944
 that I last saw h. h alive on July 5 1944
 and that death occurred on the date and hour stated above
 Immediate cause of death Gastro enteritis Duration _____

4. Sex F 5. Color or race W
 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 Dec. 15 1880
 (Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
93 6 20 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Same

12. Name Joseph P O'Brien

13. Birthplace Greenville Tenn
 (City, town, or county) (State or foreign country)

14. Maiden name Miss Kudrins

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

16. (a) Informant Mary Lou Hayes

(b) Address Pineville, Missouri

17. (a) Burial (b) Date thereof July 6, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jago Cemetery

18. (a) Signature of funeral director J. M. Humphrey

(b) Address Pineville, Mo

19. (a) Oct-44 (b) Dora Markin
 (Date received local registrar) (Registrar's signature)

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. M. Humphrey (M. D. or other) _____
 Address Pineville Date signed _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

10-00
84

21 Sil

114

302

5-2-23

7-7-83

2-2-83

10-5-83

37

RECEIVED
District Health Officer No. 6,
District File Number 1144-1119
Date Filed NOV 13 1944

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 Margie E. Humphrey
Licensed Embalmer No. 4262
P. O. Address Bismarck, 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.