

Registration District No. **101**

Primary Registration District No. **5412**

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

1. PLACE OF DEATH:
 (a) County **Douglas**
 (b) City or town **RURAL, Mtn. Grove, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **W. Earl D. Jung**
(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 **Lifetime**
years, months or days

3. (a) PRINT FULL NAME **ALVA Raymond CARDIN**
 (b) If veteran, name war **No**
 (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 **Josephine HALL**
 6. (c) Age of husband or wife if alive **30** years
 7. Birth date of deceased **August 6, 1914**
(Month) (Day) (Year)

8. AGE: Years **30** Months **1** Days **0**
 If less than one day hr. min.

9. Birthplace **Douglas County, Missouri**
City, town, or county (State or foreign country)
 10. Usual occupation **FARMER**

MOTHER FATHER
 11. Industry or business
 12. Name **James C. Cardin**
 13. Birthplace **Douglas Co., Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Minnie Grimes**
 15. Birthplace **Douglas Co., Mo.**
(City, town, or county) (State or foreign country)
 16. (a) Informant **James C. Cardin**
 (b) Address **Rt. 2, Mtn. Grove, Mo.**
 17. (a) **BURIAL** (b) Date thereof **9/8/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Cliffy Hall**
 18. (a) Signature of funeral director **G. J. Barber**
 (b) Address **Mtn. Grove, Mo.**
 19. (a) **11-1-1944** (b) **Lula Spurdick**
(Date received local registrar) (Signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Douglas**
 (c) City or town **RURAL, Mtn. Grove**
(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 **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **6th**
 year **1944** hour **13:00** minute **7** M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to **Suicide**
Hanged himself
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy **164A**
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?
 While at work? _____
(Specify type of place) (e) Means of injury **3**
 23. Signature **Essy James Deputy Sheriff**
(Signature) (Title or office)
 Address **Mtn. Grove, Mo.** Date signed **9/7/44**

RECEIVED

District Health Officer No. 6;

District File Number 1244-1325

Date Filed DEC 11 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 Lawrence P. Hall

Licensed Embalmer No. 2784

P. O. Address Quincyville, Va

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.