

FILED DEC 9 1944

Registration District No. 117

Primary Registration District No. 5436

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rural Boulevard Sup.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Near Bay
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 2 days.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade ³⁷

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

(d) Street No. Near Bay
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CARROL DEWAIN ~~CARR~~ ^{CAR WIFE}

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1944 hour 9 minute ✓ P.M.

4. Sex Male 5. Color or race white

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

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

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

7. Birth date of deceased November 8 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 8, 1944 to Nov. 10, 1944
that I last saw him alive on Nov. 10
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

X X 2 ✓ hr. ✓ min.

Immediate cause of death Tetanus Neonatorum
Gravis ^{16/10}
Due to.....
Duration 2 dys.

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

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

Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER

12. Name Ora Cervell

13. Birthplace Gasconade County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Florence Reten

15. Birthplace Gasconade County Missouri
(City, town, or county) (State or foreign country)

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)

16. (a) Informant Ora Cervell

(b) Address Bay, Mo.

17. (a) Burial (b) Date thereof 11-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lidingsham Cemetery

While at work..... (e) Means of injury.....

23. Signature Paul A. Brenner (M. D. or other)
Address Ovensville, Mo. Date signed 11-13-44

18. (a) Signature of funeral director Michael W. Winter
(b) Address Osborneville Mo.

19. (a) Nov 11, 1944 (b) Mrs. F. B. Meyer
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 12-8-44

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 M.C.

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Michael H. Winter

Licensed Embalmer No. 3838

P. O. Address Quincyville Md.

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.