

FILED DEC 8 1944

Registration District No. 137

Primary Registration District No. 5520

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Wm. 6 miles N.E. East
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Wesson
60 yr.! (Specify whether years, months or days)

In this community 60 yr.!

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY

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

(d) Street No. 6 miles N.E. East Wesson

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

3. (a) PRINT FULL NAME Alvertha C Stickrod

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

20. DATE OF DEATH: Month 11 day 23
year 1944 hour 8:30 minute 17 M.

21. I hereby certify that I attended the deceased from Jan 23 1944 to Nov 23 1944
that I last saw her alive on Nov 23 1944
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased 3-10-1902
(Month) (Day) (Year)

Immediate cause of death Endocarditis

Duration

8. AGE: Years 85 Months 4 Days 13 If less than one day hr. min.

Due to Chronic Nephritis 6 mo

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings: Of operations 1318

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Wesley Blecker

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

14. Maiden name unknown

15. Birthplace unknown
(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) (e) Means of injury

23. Signature Hudson MO (M. D. or other) Date signed 11/24/44

16. (a) Informant Mrs Bert Stickrod

(b) Address Wesson MO

17. (a) Burial (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawl oak Cem

18. (a) Signature of funeral director Fred Wellman

(b) Address Wesson MO

19. (a) November 23, 1944 (b) Georgia Kitchey
(Date received local registrar) (Registrar's signature)

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

12
00
00

1669

144

RECEIVED

Officer No. 7,

Number 11-44-1372

Date Filed 12-11-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Richard Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton 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.