

FILED DEC 11 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 554

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution 823 Roosevelt
(d) Length of stay: In hospital or institution 1
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper
(d) Street No. 823 Roosevelt
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1944 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from March 23, 1944, to Nov 14, 1944 that I last saw her alive on Nov 14, 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Harry De Wolf 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 7, 1883

Immediate cause of death Myocarditis

8. AGE: Years 61 Months 7 Days 15

Due to Carcinoma of Gall Bladder

9. Birthplace Cornsboro, Texas

Other conditions (Include pregnancy within 3 months of death) 52 lb

10. Usual occupation Housewife

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

12. Name A. M. Coolbaugh

13. Birthplace _____

14. Maiden name Catherine Mitchell

15. Birthplace _____

16. (a) Informant Harry De Wolf

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof Nov 19, 1944

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 11-16-44 (b) _____

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? _____
(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 J. M. Gray M.D. (M. D. or other) _____
Address Jasper, Mo. Date signed 12-16-44

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

49
57

49

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-18-1004

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

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.