

FILED DEC 12 1944
Registration District No. 2

Primary Registration District No. 5793

Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau Co., Mo.
(b) City or town Sandy Hook, Mo. Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sandy Hook, Me.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 62
(c) City or town Sandy Hook, Mo.
(If outside city or town limits, write "RURAL.")
(d) Street No. Sandy Hook
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Nere Curtis Deatherage
3. (b) If veteran, name war No
3. (c) Social Security No. 500.07.0228

MEDICAL CERTIFICATION
23. DATE OF DEATH: Month NOV day 20
year 1944 hour 8/30 minute A.M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Deatherage
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct 5 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 30 1944 to Nov 19 1944
that I last saw him alive on Nov. 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal Disease Duration 6 mon.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>15</u>	hr. min.

Due to Cause Unknown.

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

Due to

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 131a

MOTHER FATHER { 12. Name Robert Deatherage

Of autopsy

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

PHYSICIAN Underline the cause to which death should be charged statistically.

14. Maiden name Missouri Kenny

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

16. (a) Informant Elizabeth Deatherage
(b) Address Sandy Hook, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof NOV. 22. 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify)

(c) Place: burial or cremation Mt Zion Cemt.,
Bowlin Funeral Home

(b) Date of occurrence

18. (c) Signature of funeral director California, Mo.

(c) Where did injury occur? (City or town) (County) (State)

(b) Address California, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) Nov-25-44 (b) Arac Bentzgarke
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of injury) (e) Means of injury

23. Signature Rayon Latham (M. D. or other) D
Address California, Missouri Date signed 11-22-44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

12-12-47

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.R.

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

Signed Earl R. Bowler

Licensed Embalmer No. 2126

P. O. Address California, M.

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.