

FILED DEC 12 1944

Registration District No. 314

Primary Registration District No. 6061

Registrar's No. _____

1. PLACE OF DEATH: St Clair

(a) County St Clair

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community All of life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

(c) City or town Osceola Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Wesley DeLozier

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary E. DeLozier

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 17, 1862
(Month) (Day) (Year)

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

81 11 25 hr. min.

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

10. Usual occupation Livestock dealer

11. Industry or business _____

MOTHER FATHER {

12. Name James E. DeLozier

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

14. Maiden name Melissa Todd

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

16. (a) Informant Maisie Nelson

(b) Address Gerster, Missouri

17. (a) Burial _____ (b) Date thereof 11-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola, Missouri

19. (a) 11-16-44 (b) J. B. Goodrich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1944 hour 11:30 minute _____ p. a. M.

21. I hereby certify that I attended the deceased from Nov-4
1944 to Nov. 11 1944

that I last saw him alive on Nov. 4 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis (chronic) Duration

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Q

23. Signature Dr. E. D. Brown (M. D. or other) DO

Address Osceola Mo Date signed 11-13-44

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

9300

1160

RECEIVED

District Health Officer No. 7,

District No. 11-44-1402

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

Paul J. ...

Licensed Embalmer No.

3990

P. O. Address

Oscar ...

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.