

FILED JAN 10 1945

Registration District No.

3076

Registrar's No.

139

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town Nevada mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
709 N. Ash St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 years years, months or days)

3. (a) PRINT FULL NAME

John Henry Oswald

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife

Jennie Oswald

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

7. Birth date of deceased

March - 5 - 1957

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

87

8

14

hr 9 min

9. Birthplace

Worces Ohio

10. Usual occupation

Rayman

11. Industry or business

Hotelling Merchandiser

12. Name

Not known

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

Not known

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

P. H. Oswald

(b) Address

Wagon City Mo

17. (a)

Burial

(b) Date thereof

11-14-44

(c) Place: burial or cremation

612 S. Central

18. (a) Signature of funeral director

Fernando

(b) Address

Nevada mo

19. (a)

12-8-44

(b)

H. B. Beach

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wenonah
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 709 N. Ash St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 1944 hour 3:30 minute a - M.

21. I hereby certify that I attended the deceased from NOV 12 1944 to NOV 13 1944,
that I last saw him alive on NOV 12 1944,
and that death occurred on the date and hour stated above:

Immediate cause of death

Cerebral Hemorrhage

Duration

2 days

Due to

Hypertension

Don't know

Due to

Other conditions

Old age

Major findings:

Of operations

none of 3a

Of autopsy

none

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 LF

23. Signature

W. B. Beach

(M. D. or other)

Address

Nevada mo

Date signed 11/13/44

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

MOTHER FATHER

RECEIVED

Cause No. Health Officer No. 7,

File No. 12-44-1459

Date Filed 1-8-45

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 me
.....; Registered Apprentice No. _____
working under my personal supervision.

Signed J B Ferry
Licensed Embalmer No. 7760
P. O. Address Neodesha 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.