

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jasper, Mo. City

(b) City or town Jasper, Mo. City

(c) Name of hospital or institution 1202 Mineral

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 2 years (Specify whether)

In this community 2 2 years (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper, Mo. City

(If outside city or town limits, write "RURAL")

(d) Street No. 1202 Mineral

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carl Edward McNett

(b) If veteran, name war ✓

(c) Social Security No. 497-12-4171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st year 1945 hour 9:45 minute P.M.

21. I hereby certify that I attended the deceased from January 31, 1945 to January 31, 1945; that I last saw him alive on January 31, 1945; and that death occurred on the date and hour stated above.

4. Sex Male

5. Color of race White

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

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased July 15 1918 (Month) (Day) (Year)

Immediate cause of death Hemorrhage

Duration 5 min.

8. AGE: Years 26 Months 6 Days 16

If less than one day hr. min.

Due to Abscess between bladder and rectum. 1 year

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

10. Usual occupation Mechanic

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings: Of operations

Of autopsy

MOTHER FATHER

11. Industry or Business

12. Name Jerry Clyde McNett

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

14. Maiden name Anna Jacobson

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lillian Bezan

(b) Address Mt. City, Mo.

17. (a) Burial (b) Date thereof Feb 3 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Junction Cemetery

18. (a) Signature of funeral director

(b) Address Mt. City, Mo.

19. (a) Feb 2 1945 (Date received local registrar) (b) Mrs. Lillian Bezan (Registrar's signature)

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)

While at work? (e) Means of injury

23. Signature A. Brown (for other) D.O. Address Webb City, Missouri Date signed 2-2-45

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

19
6

1180

45-1-112

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 Clayton 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.