

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 740 Locust 1
(If not in hospital or institution, write street number or location)

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

In this community Many years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 216

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 740 Locust 4
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Showers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day inch
year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Coronary View of body
that I last saw h. alive on
and that death occurred on the date and hour stated above. _____ 19 _____

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec 25 1876
(Month) (Day) (Year)

Immediate cause of death _____

Due to Inferiority of age said to be 118 yrs of age & locate it

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
<u>118</u>	<u>2</u>	<u>23</u>		hr. _____ min. _____

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

10. Usual occupation Cook

Major findings: Of operations _____

Of autopsy 162

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Jennie Turner

(b) Address 740 Locust

17. (a) Burial (b) Date thereof 3-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longview

18. (a) Signature of funeral director Jennie Turner

(b) Address 740 Locust

19. (a) 3-20-45 (b) Thurman Richter
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature J. G. Leslie (M.P.D. or other)
Address Jefferson City Mo Date signed 3-12-45

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-23-45

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

Signed [Signature]
Licensed Embalmer No. 3641
P. O. Address [Signature]

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.