

FILED APR 17 1945

Registration District No. 227

Primary Registration District No. 5804

Registrar's No. 12

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution: CO. INFIRMARY 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YEAR
(Specify whether years, months or days)

In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

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

(d) Street No. 3 MI. E. OF PARIS
(If rural, give location)

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

3. (a) PRINT FULL NAME RICHARD DEEVER

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14
year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10 1944 to MARCH 14 1945
that I last saw him alive on MARCH 14 1945
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (c) Age of husband or wife if alive ✓ years 1861

7. Birth date of deceased MAY (Month) 1861 (Day) (Year)

Immediate cause of death Arterio-sclerosis M.A. Duration 22.4

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>		hr. _____ min. _____

9. Birthplace MONROE CO., MO. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER.

Major findings: Of operations _____

Of autopsy 97

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name N.K.

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

14. Maiden name N.K.

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

16. (a) Informant INFIRMARY RECORDS

(b) Address 1

17. (a) BURIAL (b) Date thereof MAR. 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR GROVE

18. (a) Signature of funeral director Speed Blakey
(b) Address Paris, Missouri.

19. (a) 3/15/45 (b) Maym Blanton
(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) (c) Means of injury _____

23. Signature W. M. P. [Signature] (M.D. or other) _____
Address PARIS, MO. Date signed 3/15/45

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

1314

RECEIVED

District Health Officer No. 10

District File Number 4-45-685

Date Filed APR 13 1945

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, _____

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

Signed *Edwin L. Kepley*

Licensed Embalmer No. 4225

P.O. Address Paris, Missouri

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.