

FILED MAY 16 1945

Registration District No. 210

Primary Registration District No. 5770

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Madison Twp.
(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 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lewis P. McQuerry

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie McQuerry 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan. 15 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 3 0 _____ hr. _____ min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John McQuerry
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Gibson
15. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John H. McQuerry
(b) Address Cainsville, Mo.

17. (a) Burial (b) Date thereof 4-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton

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

(b) Address Princeton, Mo.

19. (a) 4-16-45 (b) Don Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1945 hour 5 PM minute _____ M.

21. I hereby certify that I attended the deceased from March 23
1945 to April 14, 1945;
that I last saw him alive on Saturday, April 14, 1945
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial failure Duration 1 mo
Due to Atherosclerotic heart disease 6 yrs

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

Major findings: 930
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)
(c) Means of injury _____

23. Signature Maureen Lambert (M.D. or other) _____
Princeton, Mo Date signed 4/16/45

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

500

1361

RECEIVED

District Health Officer No. 11;

District File Number -----

Date Filed -----

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

H. Ivan Martin

Licensed Embalmer No.

3760

P. O. Address

Princeton 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.