

FILED FEB 11 1946

Registration District No. 155

Primary Registration District No. 5574

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Cartersville Rural-Sept Int  
(c) Name of hospital or institution: Cartersville Rural-Sept Int  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Cartersville Mo.  
(d) Street No. 7th St E Rural  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

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

4. Sex Male 5. Color or race White 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 2 Dec 4 1886 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 9 If less than one day

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

10. Usual occupation at home

11. Industry or business

12. Name John Fairlow  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Mrs Sadie Carter  
(b) Address #1 Jasper Mo

17. (a) Removal (b) Date thereof Jan 16 1946  
(c) Place: burial or cremation Helena Kansas

18. (a) Signature of funeral director W. H. Cityland Co.  
(b) Address W. H. Cityland Co.

19. (a) JAN 16 1946 (b) W. H. Cityland Co.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1946 hour 4:35 minute a. M.

21. I hereby certify that I attended the deceased from 1-10-46 to 1-13-46 that I last saw her alive on 1-13-46 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis  
Due to Influenza  
Duration 2 days  
1 week

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 336  
Of autopsy

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?  
(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  
23. Signature: W. H. Cityland (M. D. or other) Address: Cartersville, Mo. Date signed 1/16/46

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

MOTHER FATHER

46-1-11

9491 3 2  
FEB 23 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, 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.