

No. 2
-43
5-17-39
I X36671

FILED JUN 13 1946
Registration District No. 4-207134

Primary Registration District No. -1374207

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: 1

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

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

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

3. (a) PRINT FULL NAME Larry Steve Fine

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 18 1946
(Month) (Day) (Year)

8. AGE: Years Months Days
0 0 8 hr. min.

If less than one day

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

10. Usual occupation At home

11. Industry or business _____

12. Name Richard Fine

13. Birthplace Grant Twp. Harrison Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Genevieve Lola Osborne

15. Birthplace Clay Twp. Harrison Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Fine

(b) Address Blythedale, Mo.

17. (a) Burial (b) Date thereof May 19 1946
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo.

19. (a) May 20 1946 (b) S. Pho Shaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

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

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 18, 1946 to May 18, 1946;
that I last saw him alive on May 18, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Patient - Josselyn Ovale Lip

Due to Prematurity

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

Major findings: 151

Of operations _____

Of autopsy _____

Duration _____

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)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) DO

Address Ridgeway, Mo. Date signed 5-17-46

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Joe E. Wheeler*

Licensed Embalmer No. *3512*

P. O. Address..... *Bethany 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.