

FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 206

Primary Registration District No. 5757

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural St. Michael
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John Thomas Underwood

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lora Rebecca Underwood 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec. 28 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 26 hr. min.

9. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lead Miner

11. Industry or business None

MOTHER FATHER

12. Name Thomas Underwood
13. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lora Rebecca Trousdale
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Trecia L. Phipps
(b) Address Fredericktown Missouri

17. (a) Burial (b) Date thereof 6/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Underwood Cemetery

18. (a) Signature of funeral director Sam Nason Jr.

(b) Address Fredericktown, Missouri

19. (a) 6-26-46 (b) Lorence Necker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1946 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from June 23 1946 to June 23 1946
that I last saw him alive on June 23 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration

Unknown

Due to

Due to

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

Major findings:
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) (e) Means of injury

23. Signature M Grossman (M. D. or other)

Address Fredericktown Date signed 6/25/46

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

RECEIVED

District Health Officer No. 4

District File Number 746-227

Date Filed 7-6-46

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 Sam Najin, Jr......

Licensed Embalmer No. 4299.....

P. O. Address 209 West Main St. Fredericktown, 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.