

FILED NOV 1 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 157

Primary Registration District No. 5566

Registrar's No. 216

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Route #1 Carthage, Mo.
(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 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route #1 Carthage, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME William Arthur COURTNEY

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ola Sims Courtney

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb. 6th. 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Wiley Courtney

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth LaFever

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ola Sims Courtney

(b) Address Route #1 Carthage, Mo.

17. (a) Burial (b) Date thereof 10 26 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 10-25-46 (b) A. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd.
year 1946 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-16-46 to 10-23-46
that I last saw him alive on 10-22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Multiple Decubitus with Secondary infection
Septic Condition
Parotiditis

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

Major findings:
Of operations 153

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? _____
(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) (Cause of injury)

23. Signature Ed. C. Ulmer M.D. (Seal)
Address Webb City, Mo. Date signed 10-25-46

Duration 7 years

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

46-10-900

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Gene C. Pugh
Gene. C. Pugh.

Licensed Embalmer No. **4231**

P. O. Address. **Carthage, 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.