

S. No. 2
M-5-43
7. 5-17-39
I X36671

State File No. _____

FILED FEB 19 1947

Registrar's No. 8

Registration District No. 256

Primary Registration District No. 4351

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

1. PLACE OF DEATH:

(a) County MORGAN

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

(c) Name of hospital or institution:
BARNETT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community lifetime
years, months or days

3. (a) PRINT FULL NAME Joseph-Elmer-Routon

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 MARY-ALICE-ROUTON 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY-9-1882
(Month) (Day) (Year)

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

64 9 1 - hr. - min.

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

10. Usual occupation BARBER

11. Industry or business BARBER

12. Name WILLIAM-ISAC-ROUTON O

13. Birthplace MORGAN-Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name MARY-JANE-WILLIAMS

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

16. (a) Informant Mr Clifford Guinn

(b) Address Barnett Mo

17. (a) BURIAL (b) Date thereof 2-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Rock Cem.

18. (a) Signature of funeral director Paul M. Kay

(b) Address Eldon Mo

19. (a) 2-13-47 (b) J. B. Washburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MORGAN

(c) City or town BARNETT
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1947 hour 15:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2/10
to 2/10 1947
that I last saw him alive on 2/10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 1 week

Due to _____

Due to _____

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

PHYSICIAN _____

Major findings: _____

Of operations _____

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)

(e) Means of injury _____

23. Signature G. D. Walker (M. D. or other) MD
Address Eldon Mo Date signed 2/14/47

LA-21-C

611-CT-1

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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 Keith M. Kaye
Licensed Embalmer No. 3998
P. O. Address Eldon 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.