

FILED MAY 7 1947

Registration District No. 140

Primary Registration District No. 5544

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Rural County Infirmery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 yr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette Rural
(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 April day 20
year 1947 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on 4-20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1 day

Due to _____
Due to _____

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

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 [Signature] (M. D. or other)
Address [Address] Date signed 4-23-47

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

3. (a) PRINT FULL NAME Jessie Clasbie

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

4. Sex Male 5. Color or race Colored 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 Feb. 10 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 10 _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Public Welfare Records

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 4/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hilldale Cem. H. Co.

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 4-26-47 (b) [Signature]
(Date received local registrar) (Date of signature)

(Licensed Embalmer's Statement on Reverse Side)

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

15
0
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-6-77

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, or by _____
Lloyd O Jaspering _____, Registered Apprentice No. 461
working under my personal supervision.

Signed Ralph A Carr
Licensed Embalmer No. 3340
P. O. Address Quincy 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.