

FILED JAN 14 1948

Registration District No. **262**

Primary Registration District No. **4394**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Ozark**
(b) City or town **Bakersfield, Mo.**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **32 yrs**
In this community **32 yrs**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ozark**
(c) City or town **Bakersfield**
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Guy Hartford De Larm**

3. (b) If veteran, name war. 3. (c) Social Security No. **2**

4. Sex **mo** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife **Grace De Larm** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **7-6-1887**
(Month) (Day) (Year)

8. AGE: Years **60** Months **2** Days **1** If less than one day. hr. min.

9. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business

12. Name **Hart De Larm**

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

14. Maiden name **Hart**

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

16. (a) Informant **Mrs G. H. De Larm**
(b) Address **Bakersfield, Mo.**

17. (a) (b) Date thereof **11/9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bakersfield**
18. (a) Signature of funeral director **Robertson**
(b) Address **West Main**
19. (a) **Dec-12-47** (b) **Carl Davis**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **7**
year **1947** hour **9** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **Sept. 22** 1947, to **Nov. 9** 1947;
that I last saw h.i.m. alive on **Nov. 5** 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pyloric carcinoma**

Due to **16 B**

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?

(Specify type of place)
While at work? (c) Means of injury **2**

23. Signature **R. Bruno D.O.** (M. D. or other) **2**
Address **Bakersfield, Mo.** Date signed **Dec. 4, 47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
0
0

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.....

George B. Gray

Registered Apprentice No. *437*

working under my personal supervision.

Signed.....

Raigw L Robertson

Licensed Embalmer No. *3435*

P. O. Address *West Plains, 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.