

No. 2  
-147  
-1739

National Office of Vital Statistics  
**FILED APR 24 1948**  
Registration District No. **199**

Primary Registration District No. **1022**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution St. Washington  
(If not in hospital or institution, write street number or location)

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

In this community 20 years  
years; months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson **48**

(c) City or town Jackson City MO **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. 709 Washington **0**  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Sportsman

3. (b) If veteran, name war none

3. (c) Social Security No. Donation

5. Color or White

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 July 4 1973  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Coronary Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93rd

Of autopsy History & Inspection

9. Birthplace Westville County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business \_\_\_\_\_

12. Name Abram Sportsman

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

14. Maiden name Hannah Carben

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

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be changed statistically.

16. (a) Informant Mrs Dolly Mc Carney  
(b) Address Salisbury MO

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof April 17-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cmty Chk

18. (a) Signature of funeral director Paragurus Bus  
(b) Address 12 C. St

19. (a) 4-16-48  
(Date received local registrar) (b) D. Madeline Holmes  
(Registrar's signature)

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)

23. Signature A. E. Usher **MO**  
Address 2800 Main (M. D. or country) **4/16/48**  
Date entered

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 F. S. Walton

Licensed Embalmer No. 2244

P. O. Address K. C. 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.