

FILED APR 26 1948

Registration District No. **374**

Primary Registration District No. **4550**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Sheridan Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **John Clark residence 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **73 years**
years, months or days

3. (a) PRINT FULL NAME **John Michael**

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

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 25 - 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **25** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Jared Michael**

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

14. Maiden name **Lavina Fox**

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

16. (a) Informant **John Clark**

(b) Address **Sheridan Mo**

17. (a) **Burial** (b) Date thereof **April 2 - 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mc. Glayghlin**

18. (a) Signature of funeral director **John Andrews**

(b) Address **Grant City Mo**

19. (a) **April 13 - 1948** (b) **Letta E. Dawson**
(Date received local registrar) (Registrar's signature) **2115**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth 113**
(c) City or town **Sheridan Mo**
(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 **3** day **31**
year **1948** hour **9** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Jan 22**
1948 to **March 31 1948**
that I last saw him alive on **March 30** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations **AAA**

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 **P. J. Carter** (M. D. or other) **MD**

Address **Shayville Mo** Date signed **4-2-48**

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

13
0
0

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

John Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John Andrews*.....
Licensed Embalmer No. *4211*.....
P. O. Address..... *Grant City 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.