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FILED JAN 31 1949

Registration District No. **68**

Primary Registration District No. **4119**

Registrar's No. **47**

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

1. PLACE OF DEATH:

(a) County Christian

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

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

(d) Length of stay: In hospital or institution Seven Days
(Specify whether years, months or days)

In this community Life

3. (a) PRINT FULL NAME George Truman Case

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 5. Color or race Wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walba Alexander, Case

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 18 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>0</u>	<u>17</u>	hr. min.

9. Birthplace Garrison Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {

12. Name Thomas Case

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

14. Maiden name Mary E. Thorton

15. Birthplace Taney Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Burkhart

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 11-8-'48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garrison, Mo.

18. (a) Signature of funeral director John Dean Harris

(b) Address Clever, Mo.

19. (a) Dec 30, 1948 (b) Loretta Leonard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Garrison
(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 Nov day 4
year 1948 hour 6:30 pm minute _____ M.

21. I hereby certify that I attended the deceased from 1 Nov 48
to 4 Nov 48

that I last saw him alive on 4 Nov 48
and that death occurred on the date and hour stated above.

Immediate cause of death Dietary

Duration
<u>5 days</u>

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 12

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 _____

(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 J. D. Roper (M. D. or other) MD

Address Ozark, Mo Date signed 4 Nov 48

RECEIVED

District Health Officer No. 6,

District File Number 149-87

Date Filed 1-28-49

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.