

FILED JAN 28 1949
 Registration District No. **128**

Primary Registration District No. **5466**

1. PLACE OF DEATH:
 (a) County **GREENE**
 (b) City or town **Plant South Campbell Twp.**
 (c) Name of hospital or institution:
OZARK OSTEOPATHIC HOSPITAL
 (d) Length of stay: In hospital or institution **1 day**
 In this community **life**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **37**
 (c) City or town **Juifant**
 (d) Street No. **Juifant**
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **George Wallace Coursey, Jr.**
 (b) If veteran, name war **X**
 (c) Social Security No. **X**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **14**
 year **1949** hour **5** minute **45 P.M.**
 21. I hereby certify that I attended the deceased from **1-13-49** to **1-14-49**
 that I last saw him alive on **1-14-49**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **Infant**
 (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **1-13-49**
 (Month) (Day) (Year)

Immediate cause of death **Prematurity** Duration
 Due to **Miscarriage**

8. AGE: Years **no** Months **no** Days **1** If less than one day **3 hr - min**

Due to **Early rupture of the amnion (spontaneous)**

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

Other conditions (Include pregnancy within 3 months of death) **no**

10. Usual occupation **Infant**
 11. Industry or business **Infant**
 MOTHER FATHER { 12. Name **George Wallace Coursey**
 13. Birthplace **Webster Co, Mo.**
 14. Maiden name **Miss Allene Hutchens**
 15. Birthplace **Webster Co, Mo.**

Major findings: Of operations **no** Of autopsy **no**
 PHYSICIAN **no**
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Blanche Doss**
 (b) Address **R. 2 - Marshfield, Mo.**
 17. (a) **Burial** (b) Date thereof **1-15-49**
 (Place, cremation or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **no**
 (b) Date of occurrence **no**
 (c) Where did injury occur? **no**
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

(c) Place: burial or cremation **Marshfield, Mo**
 18. (a) Signature of funeral director **J. J. Jolley**
 (b) Address **Marshfield, Missouri**
 19. (a) **1-15-49** (b) **W. E. Hurdley, M.D.**
 (Date received local registrar) (Registrar's signature)

While at work? **no** (Specify type of injury) (a) Means of injury **no**
 23. Signature **W. E. Hurdley** (M. D. or other) **D.O.**
 Address **Marshfield, Mo.** Date signed **1/14/49**

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

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.....

Alex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.