

JUL 15 1941

Registration District No. 358

Primary Registration District No. 5502

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2

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

In this community \_\_\_\_\_  
years, months or days 500

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town near Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No. RR (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME HOMER IMMETT PETTY

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

20. DATE OF DEATH: Month 6 day 19  
year 40 hour 3 minute 00 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife Edith Immer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased mar 5 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June, 1939, to June, 1940, that I last saw him alive on 6-17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 3 yrs.

8. AGE: Years 47 Months 3 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Due to 23

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

10. Usual occupation Farming

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

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

MOTHER FATHER

12. Name STEPHEN PETTY

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

14. Maiden name MATTIE McQueen

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Homer Immett

(b) Address Clinton Mo RR

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Burial (b) Date thereof 6-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director CONSALUS-PECK

(b) Address Clinton Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 318  
(Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

19. (a) 6-22 (b) G. P. Hibler  
(Date received local registrar) (Registrar's signature)

23. Signature Joseph R. Mill (M. D. or other) MD  
Address Clinton, Mo. Date signed 6-20-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 7,  
District File Number 7-40-999  
Date Filed 7-9-40

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 *J. E. Bonsalor*

Licensed Embalmer No. *1891*

P. O. Address.....

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, above space should be left blank.