

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.

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Mo.
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME James Francis Mahere
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Elba Davis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 2 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerical work

11. Industry or business _____
MOTHER FATHER { 12. Name Charles Mahere
13. Birthplace unknown
14. Maiden name Mary Lutz
15. Birthplace Nageretown, Ind
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kate Lutz
(b) Address Clinton Mo.
17. (a) Burial (b) Date there May 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Spade & Son
(b) Address _____
19. (a) 5-26-41 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 312 N. 3rd St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1941 hour 9 minute 2 A.M.
21. I hereby certify that I attended the deceased from Jan 1
1941, to May 2, 1941;
that I last saw him alive on April 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
myocardial infarction Duration 2 weeks
Due to pancreatic & cystitis 2 yrs
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 1270
Major findings: Of operations _____
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 _____
(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?
312 (Specify type of place) (e) Means of injury _____
23. Signature H. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 5-2-41

RECEIVED

District Health Officer No. 7,

District File Number 6-41-1037

Date Filed 6-13-41

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

R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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, above space should be left blank.