

Registration District No. 351

Primary Registration District No. 4208

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater Mo. 4. 100
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzsimon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution over 2 1/2 months
(Specify whether
In this community Denver Colorado
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2
(c) City or town Deepwater Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Larvest L. Luther

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July - 29 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 23 hr. min.

9. Birthplace Deepwater, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

12. Name Clarence O. Luther

13. Birthplace Buffalo Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cordia Osburn

15. Birthplace Indiana I.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cordia Luther

(b) Address Deepwater Mo.

17. (a) Burial (b) Date thereof 11-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater, Mo

18. (a) Signature of funeral director Tom Shuff

(b) Address Deepwater Mo

19. (a) _____ (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

5100 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, 1941.
year 1941 hour 12 minute 43 P. M.

21. I hereby certify that I attended the deceased from November 20, 1941, to November 22, 1941 that I last saw him alive on November 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Cardiac Pulmonary Nephritis & Diabetes
Due to _____

Due to _____

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

Major findings: Of operations 136
Of autopsy _____

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 None

Signature Dr. R. Townsend J. [Signature] M. D. or other _____

Address Deepwater Mo Date signed 11-23-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
0
0

DEC 1 1941

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 *Tom Hunt*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater, 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.