

FILED JUN 10 1942

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County C. L. Henry  
(b) City or town Henry, Christian  
(c) Name of hospital or institution Clinton General  
(d) Length of stay: In hospital or institution 3 hours  
In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(d) Street No. 608 S Carter  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME VALLEY FORIST Justice

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 199-097204

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 1 divorced  
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 2 1917

8. AGE: Years 24 Months 9 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Clinton Mo

10. Usual occupation mill work

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

MOTHER FATHER { 12. Name Geo Justice  
13. Birthplace Barry Mo  
14. Maiden name Will May Price  
15. Birthplace Iowa

16. (a) Informant Mrs Geo Justice

(b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 5-31-42

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conrad Stahl

(b) Address Clinton Mo  
19. (a) May 31 1942 (b) Georgia Vitcher

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from May 29, 1942 to May 29, 1942; that I last saw him alive on May 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Injury by Disc, basal skull fracture & partial severance of right arm

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

Other conditions none

Major findings: Of operations none Of autopsy no

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

(a) Accident, suicide, or homicide (specify) accident 042

(b) Date of occurrence May 29, 1942

(c) Where did injury occur? Clinton Henry Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

While at work? yes (e) Means of injury Run away from  
23. Signature S. B. Hughes (M. D. or other) MD  
Address Clinton Mo Date signed 5/31/42

MAR 17 1950

RECEIVED

District Health Officer No. 7,

District File Number 6-42571

Date Filed 6-8-47

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. Gonzalez*

Licensed Embalmer No. 1891

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, fact should be so stated above.