

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Lewis Sta - Deer Creek Twp
(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)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Henry

(c) City or town Lewis Station
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Royal Fern

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. 487-46-9876

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27 year 1943 hour 7 minute 47 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race white

6. (a) Name of husband or wife Maude 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Mar 9, 1883
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Duration _____

8. AGE: Years 59 Months 10 Days 15 If less than one day _____ hr. _____ min.

Due to Coronary Occlusion

Due to _____

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

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

10. Usual occupation Road work

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Josh Fern

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

13. Birthplace Wales England
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Bradley

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

16. (a) Informant Mrs Roy Fern

(b) Address Clinton Mo RR 6

17. (a) Burial (b) Date thereof 1-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Well Cem

18. (a) Signature of funeral director Conrad A. Beck

(b) Address Clinton Mo

19. (a) January 25, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

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)

(b) Means of injury _____

23. Signature R. S. Hall

Address Clinton Mo Date signed 1/27/43

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

42
00
00

1069

POZ

RECEIVED

District Health Officer No. 7;

District File Number 1-43-107

Date Filed 2-8-43

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. Cousar
.....
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.