

FILED DEC 10 1943

Registration District No. **37**

Primary Registration District No. **3023**

Registrar's No. **224**

1. PLACE OF DEATH:

(a) County **HENRY CLINTON MO**
(b) City or town **General Host**
(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 **3 days**
(Specify whether
In this community **2 weeks**
years, months or days **85 yr. in Henry Co**)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JOHNSON**
(c) City or town **Chilhowee MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **TOWN**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **USA**

3. (a) PRINT FULL NAME

Ocie ANN DUNNaway

3. (b) If veteran. name war

3. (c) Social Security No.

4. Sex **Fe** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **a Gasper**

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

7. Birth date of deceased **9-11-1858**
(Month) (Day) (Year)

8. AGE: Years **95** Months **3** Days **15** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Jessie Prewitt**

13. Birthplace **Francis Elliott**
(City, town, or county) (State or foreign country)

14. Maiden name **Henry Co MO**
(City, town, or county) (State or foreign country)

15. Birthplace **Louis Beatty**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clinton MO**

(b) Address **Clinton MO**

17. (a) **Burial** (b) Date thereof **12-1-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrsville Cem**

18. (a) Signature of funeral director **Fred Williams**
(b) Address **Clinton MO**

19. (a) **November 29 1943** **Hengia Ditcher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **11** year **1943** hour **11** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **Nov 21**, 1943, to **Nov 29**, 1943, that I last saw him alive on **11-29**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **labor pneumonia** Duration **9 days**

Due to **!**

Due to **!**

Other conditions **10-8**
(Include pregnancy within 3 months of death)

Major findings: Of operations

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

23. Signature **H. Walker** (M. D. or other) **M.D.**

Address **Clinton MO** Date signed **11-29-43**

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

1069

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

RECEIVED

District Health Officer No. 71

Pat. File Number 11-43-1338

Date Filed 12-9-43

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 Fred Wilkerson

Licensed Embalmer No. 2478

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.