

FEB 19 1940

Registration District No. 409

Primary Registration District No. 4242

Registrar's No. _____

1. PLACE OF DEATH: 2
(a) County Jasper
(b) City or town _____
(c) Name of hospital or institution: Duesweg, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Duesweg, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____ years, months or days
3. (a) PRINT FULL NAME Miss Alice Taft
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 1940 hour 1 minute 30 M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h.e.v. alive on Dec 14, 1939
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 8 1875
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Rectum
Duration

8. AGE: Years 64 Months 3 Days 10 If less than one day _____ hr. _____ min.

Due to _____
Due to 46

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

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

10. Usual occupation _____

Major findings: Of operations _____

11. Industry or business Housewife
12. Name George Taft
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Chas Taft
(b) Address Walt City

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? _____

17. (a) Burial (b) Date thereof Jan 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wesley Cemetery

While at work _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Wesley City, Mo.
(b) Address Walt City, Mo.
19. (a) 1-24-40 (b) Ed D Jones
(Date received local registrar) (Registrar's signature)

23. Signature R. M. Storman (M. D. or _____)
Address Walt City, Mo. Date signed 1/24/40

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 X1951

RECEIVED

District Health Officer No. 6,

District File Number 240-521

Date Filed FEB 15 1940

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 myself,

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3, 922

P. O. Address Walt City, 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.