

No. 11-10-39
5-10-39
XZ1492

Registration District No. **34**

Primary Registration District No. **5050**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Epeter (Rural) Liberty 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)
In this community **Life**
years, months or days _____

FILED DEPT.

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **County**
(c) City or town **Epeter - (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 1/2 mile N. W. of Epeter**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **ARTHUR THOMAS PACKWOOD**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married divorced **married**
6. (b) Name of husband or wife **Alva Packwood** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **Sept. 13, 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **2** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business **Own Farmer**

12. Name **Napoleon B. Packwood**

18. Birthplace **Barry County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah A. Weatherly**

15. Birthplace **Bradley County Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Urville Roller**

(b) Address **Shilman, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 28, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Epeter, Missouri**

18. (a) Signature of funeral director **Leon Funeral Home**
(b) Address **Cassville, Mo.**

19. (a) **Nov. 28-1940** (b) **Mrs. H. P. Searey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**
year **1940** hour **7** minute **00 P. M.**

21. I hereby certify that I attended the deceased from **Nov. 26**, 19**40**, to **Nov. 26**, 19**40**

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma stomach** Duration **7**

Due to **(Mayo diagnosis)**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **HP**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? **33**
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. E. McDaniel** (b) **11/27/40**
Address **Cassville, Mo.** Date signed **11/27/40**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1240-2974

Date Filed DEC. 9 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.....

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

working under my personal supervision.

Signed Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, 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.