

FILED JAN 25 1940

Registration District No. 408

Primary Registration District No. 5563A

State File No. \_\_\_\_\_

Registrar's No. 238

19

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage & Jackson Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jasper County Alms House  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years  
(Specify whether

In this community 27 years 3  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Cartersville  
(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.

3. (a) PRINT FULL NAME Levi Moothart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a)  Single,  widowed,  married,  divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 15, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace no data Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 1

11. Industry or business Farm 9

12. Name Edward Moothart

13. Birthplace no data no data  
(City, town, or county) (State or foreign country)

14. Maiden name No data

15. Birthplace No data no data  
(City, town, or county) (State or foreign country)

16. (a) Informant Levi Moothart  
(b) Address Cartersville, Mo.

17. (a) Burial (b) Date thereof 12/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Nedger Nelson  
(b) Address Webb City, Missouri

19. (a) Dec. 26, 1940 (b) E. J. McEntire, M.D.  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25th  
year 1940 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 30,  
1940 to Dec 25, 1940  
that I last saw him alive on 12/23/40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertension  
Duration unknown

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

Due to 12/21

Other conditions \_\_\_\_\_  
(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? 8:05 PM (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]

Address Carthage, Mo Date signed 12/26/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

*No. 2859*  
*McIntyre*

**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. *2859*  
working under my personal supervision.

Signed *E. O. Hedge*  
.....  
Licensed Embalmer No. *2859*  
P. O. Address *Webb City*

**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.**