

10-39  
-39  
K21492

JAN 22 1941

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

Registration District No. 875

Primary Registration District No. 3037

Registrar's No. 302

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Muada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
804 N. Ash  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 yrs \_\_\_\_\_ (Specify whether)  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Muada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 804 N. Ash  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James F. Etter

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased Jan 19, 1854  
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired merchant

11. Industry or business General Store

12. Name George W. Etter

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

14. Maiden name Sarah Ann Colter

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

16. (a) Informant J. E. Etter  
(b) Address Muada, Mo

17. (a) Burial (b) Date thereof 12/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery  
(d) Signature of funeral director Ferry Funeral Home  
(e) Address Muada, Mo

19. (a) 12-17-40 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8,  
year 1940 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from May 10<sup>th</sup>  
1940 to Dec 8, 1940  
that I last saw him alive on Dec 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
obscure

Due to Senility

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

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?  
\_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature C E Kratz (M.D. or other) 3  
Address Muada Date signed 12/19/40

Duration

9 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-114

Date Filed 1-13-41

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**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 \_\_\_\_\_

Licensed Embalmer No. 3857

P. O. Address Nevada, N

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**