

STANDARD CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 6176

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Rural-Charette
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Emmaus Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)
 In this community 7
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
 (c) City or town Rural Charette
(If outside city or town limit write "RURAL")
 (d) Street No. Emmaus Home
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Harry J. Mc. Cauliffe

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

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

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

7. Birth date of deceased August 14 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 14 If less than one day hr. _____ min. _____

9. Birthplace New Albany Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Inmate of Emmaus Home

11. Industry or business None

12. Name Ed. William Mc. Cauliffe

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

14. Maiden name Mary SchAAF
(City, town, or county) (State or foreign country)

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

16. (a) Informant Rev. John G. Pugh

(b) Address Martha'sville, Mo.

17. (a) Removal (b) Date thereof Dec. 29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Albany, Indiana

18. (a) Signature of funeral director Fred W. ...

(b) Address Martha'sville, Missouri

19. (a) Dec 28/40 (b) J. C. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
 year 1940 hour 4 minute 15 9 M.

21. I hereby certify that I attended the deceased from Oct 1938 to Dec 28 1940
 that I last saw him alive on Dec 27 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Epilepsy Several yrs.
Atrophy of Brain 2 yrs.
Arterio Sclerosis 5 yrs.

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

Major findings: Of operations 85

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 J. P. Johnson (M. D. or other) _____
 Address Martha'sville Mo. Date signed 12/28/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 W. Lichtenberg

Licensed Embalmer No. *1321 C*

P. O. Address *Marthasville*

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.