

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

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.

MAR 14 1941

State File No. _____

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Liberty
(If outside city or town limits, write "RURAL")

(d) Street No. Road #2
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME Judith O'Hare

3. (b) If veteran ✓ 3. (c) Social Security No. ✓

20. DATE OF DEATH: Month July day 14 year 1941 hour 8 minute 30 A.M.

4. Sex Female 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 30 years

7. Birth date of deceased: Mar. 30 1938
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 12, 1941, to Feb. 14, 1941; that I last saw h. PT alive on Feb. 14, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 2 Months 10 Days 14 If less than one day hr. ✓ min.

Immediate cause of death Lobar pneumonia - lobes involved
Empyema of Rt. Chest 205 of free pus
Win. Chest

Due to fulminating type.

Due to _____

9. Birthplace Liberty R#2. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Child

Other conditions (Include pregnancy within 3 months of death) 10

11. INDUSTRY OR BUSINESS

12. Name Burd W. O'Hare

18. Birthplace R#2. Liberty Mo
(City, town or county) (State or foreign country)

14. Maiden name Bessie Mae Kerr

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

Major findings: Of operations _____

Of autopsy as above noted.

16. (a) Informant's own signature Burd W. O'Hare

(b) Address R#2 Liberty Mo

17. (a) Burial (b) Date thereof Feb. 15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funer. Lib. Mo

18. (a) Signature of funeral director Chas. Wickes

(b) Address Liberty Mo

19. (a) 2-15-41 (b) Nelson Carly
(Date received local registrar) (Registrar's signature)

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? 110
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. B. Gadsden (M. D. or other) _____
Address Liberty Mo. Date signed 7/15/41

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

Date Filed 3-10-41
License File Number
Health Officer No. 8
CEARER

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.