

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14905

State File No. _____

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town RURAL - MARION
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#2 CAATHAGE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
in this community Twenty Six Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R#2 CAATHAGE
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophia Dusher

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Oct 9 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Boston Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Silas Worthington

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

14. Maiden name Catherine Hatch

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

16. (a) Informant Charles Dusher

(b) Address R#2 CAATHAGE

17. (a) BURIAL (b) Date thereof April 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FASKENS CEMETARY

18. (a) Signature of funeral director KNELL MORTUARY

(b) Address CAATHAGE MISSOURI

19. (a) Apr. 4, 1941 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 28 1941 to Apr 7 1941
that I last saw him alive on March 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension heart failure

Due to arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

6 days

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? _____

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

23. Signature R. H. Webster (M. D. or other)

Address CAATHAGE Date signed Apr 4 1941

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

MOTHER FATHER

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

John D. Batchelder

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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, fact should be so stated above.