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7-39
Q3139

FILED JUL 1 1941

Registration District No. 413 Primary Registration District No. 4245 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Oronogo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: street not named /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jerry Dale Carey
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race W.
6. (b) Name of husband or wife infant
6. (c) Age of husband or wife if alive none years

7. Birth date of deceased April 25 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- 1 24 hr. min.

9. Birthplace Oronogo Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business infant

12. Name Chester F. Carey

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

14. Maiden name Susie Hole

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

16. (a) Informant Father Chester Carey

(b) Address Oronogo, Mo.

17. (a) Burial (b) Date thereof 6/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo Cemetery

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

19. (a) JUNE 19 1941 (b) P. L. Butcher MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Oronogo
(If outside city or town limits, write "RURAL")
(d) Street No. street not named
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 2:00 minute A.M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him did not see him alive full or partial
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiated
by being covered by pillow
during night

Due to Accidents

Due to 1922

Other conditions 1922
(Include pregnancy within 3 months of death)

Major findings: 16
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 19 41 2:00

(c) Where did injury occur? Oronogo, Jasper Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
379 in home
(Specify type of place)

(e) Means of injury 3

23. Signature P. L. Butcher (M. D. or other) 3
Address Carthage, Mo. Date signed June 19 41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

41-7-571

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 E. H. 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.