

Filed AUG 14 1941

Registration District No. 208

Primary Registration District No. 3020

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
806 E. Macon St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 72 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 806 E. Macon St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th,
year 1941 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from 7/16/41
19 to 7/16/41 19
that I last saw him alive on 7/16/41 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Hemorrhage 10 min
Due to Lung Abscess 4 mos.
Due to Unknown
Other conditions 1142
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature _____ (Specify type of place) _____
(a) Means of injury _____
Date signed 7/17/41

3. (a) PRINT FULL NAME Clement Seymour Underwood

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 Married

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

7. Birth date of deceased April 11, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 5 hr. min.

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

10. Usual occupation Ret'd. Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Underwood

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

14. Maiden name Elmira Pierce

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

16. (a) Informant Mrs. Hattie Underwood

(b) Address 806 E. Macon St., Carthage, Mo.

17. (a) Burial (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison Ave., Carthage, Mo.

19. (a) July 18, 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

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

New
29
63

41-8-709

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 S. Bennett*

Licensed Embalmer No. *4194*

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.