

2
41
39
28390

Registration District No. 1940 4

Primary Registration District No. 6215

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 24 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North

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

(d) Street No. Sheridan
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BARBARA ANN SHOWALTER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1941 hour 13 minutes 9 M.

21. I hereby certify that I attended the deceased from Aug 26 1941, to Aug 27 1941 that I last saw her alive on Aug 27 1941 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Aug 26 1941
(Month) (Day) (Year)

Immediate cause of death Failure of Transm. G. mail to base

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 15

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

9. Birthplace Sheridan Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Ralph Showalter

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

14. Maiden name Therese Belle Massey

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

16. (a) Informant Ralph Showalter

(b) Address Sheridan, Mo.

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? _____

17. (a) _____ (b) Date thereof Aug 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sharp Cemetery

18. (a) Signature of funeral director. Frank C. Duffee

(b) Address Grant City Mo.

19. (a) Aug 27 (b) Mrs. O. H. Bond
(Date received local registrar) (Registrar's signature)

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

23. Signature R. E. Gortner (M. D. or other) Dr.

Address Sheridan Mo. Date signed Aug 28, 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

Arch C. Dinglee

Licensed Embalmer No. *3252*

P. O. Address *Grant City, TN*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.