

DEC 17 1941

Registration District No. 582

Primary Registration District No. 5779

1. PLACE OF DEATH:

(a) County MONROE  
(b) City or town RURAL - JACKSON TNS.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
MONROE CO. INFIRMARY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 1 YR. - 8 MO. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE  
(c) City or town MONROE CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. N.K.  
(If rural, give location)  
(e) Citizen of foreign country? N.K. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

M. B. MORAS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife N.K.

6. (c) Age of husband or wife alive \_\_\_\_\_ years

7. Birth date of deceased N.K.

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>			hr. min.

9. Birthplace N. K.

(City, town, or county) (State or foreign country)

10. Usual occupation N. K.

11. Industry or business \_\_\_\_\_

12. Name N. K.

13. Birthplace N. K.

(City, town, or county) (State or foreign country)

14. Maiden name N. K.

15. Birthplace N. K.

(City, town, or county) (State or foreign country)

16. (a) Informant Infirmary Records

(b) Address \_\_\_\_\_

17. (a) BURIAL (b) Date thereof Nov. 16, 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CO. INFIRMARY

18. (a) Signature of funeral director NONE

(b) Address \_\_\_\_\_

19. (a) 11-16-41 (b) J. A. Barnett, M.D.

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1941 hour 5 minute 39 A. M.

21. I hereby certify that I attended the deceased from Nov 16 1941 to Nov 16 1941  
that I last saw him alive on Nov 16 and that death occurred on the date and hour stated above. 1941

Immediate cause of death Septicemia from Cuscuta  
Duration 16 Days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 24 a

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. A. Barnett, M.D. (M. D. or other)

Address PARIS, Mo. Date signed 11-16-41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2177

Date Filed DEC 15 1941

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. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.**