

FILED MAR 17 1943

Registration District No. 781

Primary Registration District No. 4173

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Roy Page

3. (b) If veteran, name war _____ 3. (c) Social Security No. 518-16-7183

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Juanita Page 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased October 4 1911
(Month) (Day) (Year)

8. AGE: Years 31 Months 4 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Mill and Timber workman

11. Industry or business _____

MOTHER FATHER { 12. Name Allen Page
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Sealy McIntosh
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Jack Page
(b) Address Brushyknob, Missouri

17. (a) Burial (b) Date thereof 2-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brushyknob

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 3-4-43 (b) Thelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20 A. M. year _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Right Side Duration 1 week

Due to chronic pulmonary T.B.C.

Other conditions (Include pregnancy within 3 months of death) 13 ft

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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature M. C. Bentley (M. D. or other) _____
Address Ava Mo. Date signed 3-1-43

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

RECEIVED

District Health Officer No. 6,

District File Number 343-429

Date Filed MAR 16 1949

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

F. C. Stiffe

Licensed Embalmer No. 3221

P. O. Address Merisfield

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.