

X23159

FILED

SEP 10 1943 68

Primary Registration District No. 5266

Registrar's No. 18

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

1. PLACE OF DEATH

(a) County Christian

(b) City or town Osark Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Griley Township
(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: 202

(a) State Mo. (b) County Christian

(c) City or town Osark Mo. R.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Griley Township
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Infant, Son of Margaret
Harold Page

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8:00 AM July 9, 1943,
that I last saw him alive on July 9, 1943,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married Divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 9 - 1943
(Month) (Day) (Year)

Immediate cause of death Premature Birth

Duration _____

8. AGE: Years _____ Months _____ Days _____
If less than one day 1 hr. 30 min.

Due to _____

Due to 159

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

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Harold Page

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

14. Maiden name Mary H. Frazier

15. Birthplace Oklahoma
(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.

16. (a) Informant Harold Page

(b) Address Osark Mo. R.R.

17. (a) Burial (b) Date thereof July 9, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Selmore Center

18. (a) Signature of funeral director T. B. Chabbert

(b) Address Osark Mo.

19. (a) Aug 31 1943 (b) Monahan
(Date received local registrar) (Registrar's signature)

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. H. Madu (M. D. or other) _____
Address Osark Mo. Date signed 8-4-43

RECEIVED
District Health Officer No. 6,
District File Number 943-981
Date Filed SEP 7 1943

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.