

FILED JAN 14 1944
Registration District No. 99

Primary Registration District No. 5377

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

1. PLACE OF DEATH:

(a) County DeKalb

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

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

(d) Length of stay: In hospital or institution All life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb.

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

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

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

3. (a) PRINT FULL NAME George Madison Post.

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

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

6. (b) Name of husband or wife Tastela Jane. 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased 2 20 1853.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>9</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Farmer.

11. Industry or business _____

12. Name Richard Post.

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

14. Maiden name Unknown

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

16. (a) Informant Frank Hudson.

(b) Address King City Mo. R.R.

17. (a) Burial. (b) Date thereof 12.20.1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Cemetary.

18. (a) Signature of funeral director R. H. [Signature]

(b) Address King City Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19.
year 1943 hour Midnight. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 1
1943 to Dec 18 1943
that I last saw him alive on Dec 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Influenza

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____
Address King City, Mo. Date signed 12/22/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

R. G. Pappert

Licensed Embalmer No. 2563.

P. O. Address. King City 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.