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FILED FEB 10 1947
Registration District No. _____

Primary Registration District No. 5502

Registrar's No. 3

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

1. PLACE OF DEATH: *Henry Bear Creek Twp.*
(a) County _____
(b) City or town *Rural Beaucreek*
(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 *75 years* years, months or days

2. USUAL RESIDENCE OF DECEASED:
(b) State *Missouri* (b) County *Henry*
(c) City or town *Montrose Mo Rural*
(If outside city or town limits, write "RURAL")
(d) Street No. *2 1/2 miles South East*
(If rural, give location)
(e) If foreign born, how long in U. S. A.? *0* years

3. (a) PRINT FULL NAME *JOHN FIRSICK*

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 *Married*

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

7. Birth date of deceased *Dec. 18 1859*
(Month) (Day) (Year)

8. AGE: Years *84* Months *13* Days _____ If less than one day hr. _____ min. _____

9. Birthplace *Indiana* (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation *Farmer*

11. Industry or business _____

12. Name *Michael Firsick*

13. Birthplace *Germany* (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

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

16. (a) Informant *Mike Firsick*

(b) Address *Beulah Mo*

17. (a) *Burial* (b) Date thereof *1-3-47*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Burial Montrose Mo*

18. (a) Signature of funeral director *Welling Bus*

(b) Address *Montrose Mo*

19. (a) *January 4 1947* (Date received local registrar) _____ (Registrator's signature) *Georgia Cletcher*

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Dec* day *31* 19*43*
year _____ hour *10 PM* minute *55 P* M.

21. I hereby certify that I attended the deceased from *Dec 29* 19*43* to *Dec 31* 19*43*
that I last saw him alive on *Dec. 31* 19*43*
and that death occurred on the date and hour stated above.

Immediate cause of death *Intestinal Inflammation* Duration *1 wk*

Due to _____
Due to _____

Other conditions *Acute myocarditis* ?
(Include pregnancy within 3 months of death)

Major findings: Of operations *of 30*
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 *W. E. Baggerly* (M. D. or other) *MD*
Address *Montrose Mo* Date signed *1-24-47*

RECEIVED
District Health Officer No. 7
District File Number 1-44-449
Date Filed 2-9-44

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 Me
on the 31st day of Dec. 1943, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton, Calif. 100

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.