

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 9 1944

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 18

1. PLACE OF DEATH

(a) County Pemiscot

(b) City or town Cassville Mo
(In both city or town limits, write "CITY" and name of township)

(c) Name of hospital or institution:
Bingham Alley
(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 Pemiscot 28

(c) City or town Cassville 2
(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 D.K.

3. (a) PRINT FULL NAME George Washington

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, not married
6. (b) Name of husband or wife DK 6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased about 53
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1944 hour 11 minute 10 P M.

21. I hereby certify that I attended the deceased from Feb 20 1944 to Feb 23 1944
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) J30!

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years about 53 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation storekeeper

11. Industry or business at border shop

MOTHER FATHER { 12. Name D.K.

13. Birthplace D.K. 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stinson

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

16. (a) Informant Friend

(b) Address Cassville, Mo

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

(c) Place: burial or cremation Holly Grove Cem. Stele, Mo

18. (a) Signature of funeral director German Samuel Home

(b) Address Steele, Missouri

19. (a) 3-4-1944 (b) Jesus N. Markey
(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?
(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature W.B. Luce (M. D. _____)
Address Cassville Date signed 2-23-44

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

2-44-38

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..... *John G. German*

Licensed Embalmer No. *4355*

P. O. Address. *Steele, 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.