

FILED DEC 22 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4946**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Keokuk mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2447 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson **49**

(c) City or town Keokuk mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2447 Prospect
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas J. Flood

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th
year 1944 hour 10:00 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 1944 to Dec 5 1944
that I last saw him alive on Dec 5 1944
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept 14 1862
(Month) (Day) (Year)

Immediate cause of death: Ch. Myocarditis Many yrs
Ch. Nephritis 2 yrs

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>21</u>	hr. _____ min. _____

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

Major findings: _____
Of operations _____

Of autopsy _____

9. Birthplace Charlestown W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Nurseymen

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Dorothy Smith

(b) Address 2900 Alvin St

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hills

(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? _____

18. (a) Signature of funeral director Ms. E. L. Foster

(b) Address _____

19. (a) Dec 7-1944 W. G. Blair
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury 2

Signature Dr. J. Permar Do.
(M. D. or other)

Address 115 Grand Date signed 12-6-44

KE 200

Shelbert Alley
No. 0825 1115 Shelburne St

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 *Wm K Jackson*
Licensed Embalmer No. *3954*
P. O. Address *K.C. 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.