

FILED MAR 8 1945
Registration District No. 200

Primary Registration District No. 6225

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

800

1. PLACE OF DEATH:

(a) County Wagon

(b) City or town Paradise - Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital 312
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 1 month
(Specify whether In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry

(c) City or town Monett 11.6.
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary L. Smith

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1945 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 3 1940 to Feb 20 1945
that I last saw h. or alive on Feb 19 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, separated

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

7. Birth date of deceased Mar 15 1874
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Chronic Myocarditis

Due to _____

Gen. arteriosclerosis

Due to _____

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

8. AGE: Years Months Days If less than one day

70 3 2 hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation None

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 plow) _____

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

23. Signature H. G. Creme (M. D. or other) _____
Address Merades Date signed 3/20/45

MOTHER FATHER

11. Industry or business _____

12. Name Wm. Barry

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

14. Maiden name Malinda Walker

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

16. (a) Informant Raymond

(b) Address Nevada Mo

17. (a) Removal (b) Date thereof Feb 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett Mo

18. (a) Signature of funeral director Callouan Funeral Home
(b) Address Monett, Missouri

19. (a) 2-21-45 (b) Hoyl B. Burch
(Date received local registrar) (Registrar's signature)

10

RECEIVED

District Health Officer No. 7.

District File Number 2-45-148

Date Filed 3-7-45

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 *J. D. Buchanan*

Licensed Embalmer No. 3179

P. O. Address *Mount Airy*

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.

MAR 29 1945