

FILED SEP 16 1947

State File No. _____

Registration District No. 4

Primary Registration District No. 4012

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Rock Port mo
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Atchison
(c) City or town Rock Port Mo
(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 Washington Showalter
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7
year 1947 hour 5 minute 09 M.
21. I hereby certify that I attended the deceased from July 5
1947 to July 7 1947
that I last saw him alive on July 7 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Eva York 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased: July (Month) 7 (Day) 1878 (Year)

Immediate cause of death: Coronary Thrombosis 2 da
Duration _____

8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name James Edward Showalter
13. Birthplace Viv. (City, town, or county) (State or foreign country)
14. Maiden name Therese Hodeline
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. Informant Wesley Harris
(b) Address 2012 Harding Ave Kansas City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 9-1947 (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Turkey Cemetery

18. (a) Signature of funeral director Bob Putnam
(b) Address Rock Port Mo

While at work? _____ (Specify type of place)
(e) Means of injury _____

19. (a) 7-9-47 (Date received local registrar) (b) Betty Crutcher (Registrar's signature)

23. Signature Chas. J. Little (M. D. or other) _____
Address Rock Port Mo Date signed 7-8-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

C. E. Putnam..... Registered Apprentice No.....
working under my personal supervision.

Signed C. E. Putnam.....

Licensed Embalmer No. 1764.....

P. O. Address Rock Port 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.