

FILED DEC 12 1944

Registration District No. 12

Primary Registration District No. 5793

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau Co., Mo.
(b) City or town Sandy Hook, Mo. Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sandy Hook, Me.
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Sandy Hook, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Sandy Hook
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Nere Curtis Deatherage

3. (b) If veteran, name war No 3. (c) Social Security No. 500.07.0228

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Deatherage 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct 5 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER
12. Name Robert Deatherage
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Missouri Kenny
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Deatherage
(b) Address Sandy Hook, Mo.

17. (a) Burial (b) Date thereof Nov. 22, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cemt.,
Bowlin Funeral Home

18. (c) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) Nov-25-44 (b) Arac Bentzgarke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 20
year 1944 hour 8/30 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 30, 1944, to Nov 19, 1944;
that I last saw him alive on Nov. 19, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal Disease Duration 6 mon.

Due to Cause unknown.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a 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 Arac Bentzgarke (M. D. or other) _____
Address California, Missouri Date signed 11-22-44

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

RECEIVED

District Health Officer No. 9,

District File Number _____
Date Filed 12-12-47

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 M.R.
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl R. Bowden
Licensed Embalmer No. 2126
P. O. Address California, 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.