

WRITE IN PLAIN INK—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 264

Primary Registration District No. 4476

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Saline.  
(b) City or town Gilliam.  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community Two Years

154 NOV 24 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline  
(c) City or town Gilliam.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15  
year 1939 hour 1.30 minute 30 M.

21. I hereby certify that I attended the deceased from July 1, 1937, to Oct 15, 1939;  
that I last saw ~~him~~ her alive on Oct 14, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma  
Duration months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Pulmonary edema 2 wks  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 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? \_\_\_\_\_

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

23. Signature J. H. Parkers (M. D. or other) 1  
Address William Ins Date signed 10-15-39

3. (a) PRINT FULL NAME James Lafayette Jeter. 360

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

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

6. (b) Name of husband or wife Sue 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 27, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 3 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lunenburg County Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer 1

11. Industry or business James Edward Jeter 1

12. Name \_\_\_\_\_

13. Birthplace Near Richmond Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Tucker  
(City, town, or county) (State or foreign country)

15. Birthplace Near Richmond Virginia.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Norman E Jeter

(b) Address Slater Ins

17. (a) Burial (b) Date thereof Oct 16 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater City Cemetery

18. (a) Signature of funeral director James O. Salyer

(b) Address Slater Ins

19. (a) \_\_\_\_\_ (Date received local registrar)  
J. H. Parkers (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN  
Underline the cause to which death should be charged statistically

RECEIVED  
District Health Officer No. 3  
District File Number  
Date Filed 11/7/39

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. E. Jones*  
Licensed Embalmer No. *3142*  
P. O. Address *State, 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, above space should be left blank.