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MARGIN RESERVED FOR BINDING

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

50M-5-17-39
Rev. 6-17-39
1 x 1951

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.

FILED MAR 32 1940

602413

Registrar's No. 4

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Leadwood, 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) W

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME JERRY LEE TALLEY

(b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 24 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 27 hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Newton Talley

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

14. Maiden name Lillian Talley

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

16. (a) Informant's own signature A. Frank

(b) Address Leadwood, Mo

17. (a) Burial (b) Date thereof 2 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leadwood

18. (a) Signature of funeral director J. Boyer & Son

(b) Address Leadwood, Mo

19. (a) 3/10-40 (b) W. C. Bucher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Leadwood
(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 February Day 25
year 1940 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb 24 1940 to Feb 25 1940, that I last saw him alive on Feb 24, and that death occurred on the date and hour stated above.

Immediate cause of death: General debility

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

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? _____

23. Signature Arnold Frank (Specify type of place) _____ (M. D. or other) _____

Address Leadwood, Mo Date signed 3/4/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.