

Registration District No. 289

Primary Registration District No. 5405

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Homeraville, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clay Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days 103

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Homeraville, Rural
(If outside city or town limits, write "RURAL") Clay Hosp
(d) Street No 1/2 mile north
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1940 hour 3:30 minute _____ M.
21. I hereby certify that I attended the deceased from Jan 15
_____, 1940, to March 18, 1940
that I last saw her alive on March 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Abscise of lung Duration _____
Due to Influenza and bronchial pneumonia
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? _____
(Specify type of place) _____ (e) Means of injury _____

23. Signature Sam Bonds (M. D. or other) Mo
Address Homeraville Mo Date signed 3-26-40

3. (a) PRINT FULL NAME Fannie C. James
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife H. James (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 21 - 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Tom James
13. Birthplace Bollinger Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lassie Pullam
15. Birthplace Bollinger Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Henry L. James
(b) Address Homeraville, Mo
17. (a) Funeral (b) Date thereof 3-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director E. Marsh, Burm
(b) Address Homeraville, Mo
19. (a) March 27, 1940 (b) E. Marsh
(Date received local registrar) (Registrar's signature)

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

35

RECEIVED

District Health Officer No. 2,

District File Number 440-83

Date Filed 4/2/40

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.