

State File No. \_\_\_\_\_

Registration District No. 29

Primary Registration District No. 4021

Registrar's No. 18

**1. PLACE OF DEATH:**

(a) County Barry

(b) City or town Cassville  
(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 40 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry

(c) City or town Cassville  
(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.

**3. (a) PRINT FULL NAME** Adah Talbert 416

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

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

6. (b) Name of husband or wife James A. Talbert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 21 1880  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 15 year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Apr. 24, 1940 to Apr. 15, 1940; (that I last saw him alive on Apr. 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration 4700

**8. AGE:** Years 59 Months 4 Days 24 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 Cassville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

**MOTHER FATHER**

12. Name Agnes Horner

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

14. Maiden name Jane Smith

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

16. (a) Informant William Talbert

(b) Address Hopkinsville, Kentucky

17. (a) Funeral (b) Date thereof Apr 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horne Cem.

18. (a) Signature of funeral director W. P. Horner  
(b) Address Cassville, Mo.

19. (a) 5-14-40 (b) Seourawma  
(Date received local registrar) (Registrar's signature)

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 W. P. Horner (Date signed) 4/17/40  
Address Cassville, Mo.

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

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**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.....

*Eugene Wood*

Licensed Embalmer No.....

*3804*

P. O. Address.....

*Cassville, 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.**