

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 da (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 316 1/2 No Mulberry
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 40 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from May 14
1940 to May 14 1940
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 6 hrs
Duration

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

Major findings:
Of operations _____
Of autopsy None
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?
556 _____ (Specify type of place)
While at work? _____ (a) Means of injury _____
23. Signature B. H. Dy... (M. D. or other) _____
Address Burlington Jet Mo Date signed 5/15/40

3. (a) PRINT FULL NAME Bonnie Lucille James
3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-09-4871

4. Sex Female 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 March 7 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Line type Operator

11. Industry or business Newspaper

12. Name Otto James

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

14. Maiden name Lola E Stone

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

16. (a) Informant Mrs Lola E Stone

(b) Address Burlington Jet Mo

17. (a) Removal (b) Date thereof 5-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braddyville, Ia.

18. (a) Signature of funeral director [Signature]

(b) Address Burlington Jet Mo

19. (a) May-15-40 (b) Marie E. Clardy
(Date reported local registrar) (Registrar's signature)

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 Robert A. Lytle
Licensed Embalmer No. 3308
P. O. Address Burlington Jet 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.