

5-17-39
-1 X21492

JUL 12 1940 282

Registration District No. **30** Primary Registration District No. **4166**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Homeville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home of Mrs. L. M. Bride
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life
 years, months or days 250

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Dunklin
 (c) City or town Campbell Mo
 (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 Jane Hughes
 3. (b) If veteran, _____ name war. _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
 year 1940 hour 9 minute 30 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 _____ alive _____ years
 7. Birth date of deceased Sept 14th 1849
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1940
 _____, 19____, to June 25, 1940
 that I last saw him alive on June 24, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 9 Days 11 If less than one day
 _____ hr. _____ min.

Immediate cause of death Uremic poison!
 Due to Sensibility
 Due to _____

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

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation Housework
 11. Industry or business _____

MOTHER FATHER
 { 12. Name H. Owens
 13. Birthplace Ky _____ (City, town, or county) (State or foreign country)
 { 14. Maiden name Jane
 15. Birthplace uk _____ (City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Son O. M. Bride
 (b) Address Campbell Mo.
 17. (a) Burial (b) Date thereof June 26 40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: (burial) or cremation Wood lawn
 18. (a) Signature of funeral director Louise Funeral Home
 (b) Address Campbell Mo.
 19. (a) June 25 (b) [Signature]
 (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?
25 1/2 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature John L. Brown (M. D. or other) _____
 Address Campbell Date signed 6 29 40

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

RECEIVED

District Health Officer No. 2,

District File Number 740-121

Date Filed 7/8/40

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.