

Registration District No. 266

Primary Registration District No. 5370

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Deut
(b) City or town Rural Springcrk T.
(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 2
In this community 6 mo
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Jess Leroy Talley

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased. 3 12 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 4 _____ hr. min.

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

10. Usual occupation 0

11. Industry or business 1

12. Name Cordell Talley

18. Birthplace Deut Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Shirley Brackney

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

16. (a) Informant Cordell Talley

(b) Address Salem Mo

17. (a) Burial (b) Date thereof 9-17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellis Cemetery

18. (a) Signature of funeral director Robert Brackney

(b) Address Salem Mo
19. (a) Sept 17 1940 (b) F. E. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Deut
(c) City or town Rural Springcrk
(If outside city or town list write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16
year 1940 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 14, 1940, to Sept 16, 1940
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Leathery

Due to 114 P

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 F. E. Smith (M. D. or other)

Address Salem Mo Date signed Sept 16 1940

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,
District File Number 104010/0
Date Filed _____

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.