

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 18 1940

Primary Registration District No. 5406

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Kennett, Dunklin Co. home
 (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 1 day 3
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dunklin
 (c) City or town Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. Co. Farm
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME James Holloway Pass
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 25, 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Ballard County, Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Medred Edwards

(b) Address Social Security Office, Kennett

17. (a) Co. Farm (b) Date thereof Sept 7-4
 (Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Co. Cemetery

18. (a) Signature of funeral director Sept Co. Farm

(b) Address Kennett, MO N B Lemon

19. (a) 10-3-40 (b) Thelma Davis
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 6 year 1940 hour 9 a, minute _____ M.
 21. I hereby certify that I attended the deceased from June 1, 1939 to Sept 24, 1940
 that I last saw h. in alive on Sept 5th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation Duration 1 yr
 Due to General Arteriosclerosis

Due to _____
 Other conditions 92 W
 (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? _____

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 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thelma Davis (M. D. or other) _____

Address Kennett, Mo Date signed 10-3-40

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

RECEIVED

District Health Officer No. 2,

District File Number 1040-160

Date Filed 10/15/40

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, fact should be so stated above.