

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

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0-39  
39  
21492

13 1940

32643

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

Registration District No. 25

Primary Registration District No. 6262 4033

Registrar's No. 41

1. PLACE OF DEATH: headwaters  
 (a) County: Adair MO  
 (b) City or town: \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: none  
 (Specify whether years, months or days)  
 In this community: no

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: MO (b) County: headwaters  
 (c) City or town: Adair 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.: no years.

3. (a) PRINT FULL NAME: James Donald Elam  
 3. (b) If veteran, name war: no  
 3. (c) Social Security No.: 0  
 4. Sex: Male 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: Single  
 6. (c) Age of husband or wife if alive: 0 years  
 7. Birth date of deceased: Aug 14 1940  
 (Month) (Day) (Year)  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day: 8 hr. \_\_\_\_\_ min.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 14 1940  
 year 1940 hour 12 minute AM  
 21. I hereby certify that I attended the deceased from Aug 14  
 1940 to Aug 14 1940  
 that I last saw him alive on Aug 14 1940  
 and that death occurred on the date and hour stated above.

9. Birthplace: Adair MO  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: unemployed  
 11. Industry or business: \_\_\_\_\_  
 12. Name: John Elam  
 13. Birthplace: Adair MO  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Jasie Hill  
 15. Birthplace: Adair MO  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant: John Elam  
 (b) Address: Adair MO  
 17. (a) Date of funeral, cremation, or interment: Aug 14 1940  
 (b) Date thereof: Aug 14 1940  
 (c) Place: burial or cremation: Adair MO  
 18. (a) Signature of funeral director: W. H. Russell  
 (b) Address: Adair MO  
 19. (a) Oct 10 1940 (b) Mrs. W. H. Russell  
 (Date received local registrar) (Registrar's signature)

Immediate cause of death: underdeveloped heart foramen atri-ventriculare in closure  
 Due to: prematurity 2 mo 2 wks  
 Due to: \_\_\_\_\_  
 Other conditions: 57C  
 (Include pregnancy within 3 months of death)

Major findings: none  
 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): no  
 (b) Date of occurrence: none  
 (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?  
541  
 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury: none  
 23. Signature: W. H. Russell (M. D. or other) \_\_\_\_\_  
 Address: Adair MO Date signed: Aug 14 1940

RECEIVED

District Health Officer No. 2

District File Number 1048-16

Date Filed 10/21/40

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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.....

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.**