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13-40  
17-39

**JAN 10 1941 318**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5440**

Registrar's No. **1011**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Medical Center for Federal Prisoners**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Mo. 7 Days.**  
(Specify whether years, months or days) **3**

2. USUAL RESIDENCE OF DECEASED:

(a) State **So. Dakota** (b) County \_\_\_\_\_  
(c) City or town **Cheyenne Agency, So. Dakota**  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18,**  
year **1940** hour **11** minute **40** A. M.

21. I hereby certify that I attended the deceased from **July 11,**  
**1940**, to **Dec. 18, 1940**, 19\_\_\_\_;  
that I last saw him alive on **Dec. 18, 1940**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis, Pulmonary, chronic moderately advanced active.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **None Performed**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **PRETTY BEAR, JAMES.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **Indian** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Lulu Pretty Bear** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **Jan. 20, 1901**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>39</b>	<b>10</b>	<b>28</b>	hr. _____ min. _____

9. Birthplace **Cheyenne Agency, South Dakota,**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Unknown**

12. Name **Nelson Pretty Bear**

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

14. Maiden name **Jessie XXXXX (Unknown)**

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

16. (a) Informant **Deceased**

(b) Address \_\_\_\_\_

17. (a) **Removal** (b) Date thereof **12-19-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gettysburg, S. Dak.**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **12-19-40.** (b) **W. E. Handley M.D.**  
(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? **986**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **D. L. M. Rogers M.D.** Director.

Address **Springfield, Mo.** Date signed **12-18-40**

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.....

Licensed Embalmer No. 1767

P. O. Address.....  
Springfield

**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.**

X