

Registration District No. 1125 Primary Registration District No. 6082 Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Newton 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
In this community all of life. (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME John Counts
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Counts 6. (c) Age of husband or wife if alive 7 years (Day) (Year) 1868

8. AGE: Years 72 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business
MOTHER FATHER { 12. Name Wm Henry Counts
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Sarah E Conway
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant S. F. Pratt
(b) Address Round Spring

17. (a) Burial (b) Date thereof 12-9-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Union Hills

18. (a) Signature of funeral director Stalor
(b) Address Old Ben 7160

19. (a) 12-10-40 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon
(c) City or town Rural (If outside city or town limits write "RURAL")
(d) Street No. near Round Spring, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December Day 8 year 1940 hour 1:00 PM M.

21. I hereby certify that I attended the deceased from December 8 1940, to December 8 1940
that I last saw him alive on December 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 6 days

Due to 42F
Due to

Other conditions Myocarditis (Include pregnancy within 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?

(Specify type of place) While at work? (a) Means of injury
23. Signatures F. E. Suther MD (M. D. or other) 744
Address Salem Missouri Date signed 12-7-40

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

RECEIVED
District Health Officer No. 5,
District File Number 141108
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 N D Holson
Licensed Embalmer No. 928
P. O. Address Salem, Me

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.