

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

Registration District No.

Primary Registration District No.

Registrar's No.

27

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain County Hospital 0
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 4 1/2 hours
(Specify whether
In this community few hrs
years, months or days)

3. (a) PRINT FULL NAME Joseph Lee Talley

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Laura Jane Talley 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan 11 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months - Days 26 If less than one day hr. min.

9. Birthplace Nashville / Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

12. Name Not Known

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known 4
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Talley

(b) Address 325 West Gate St. St. Louis MO

17. (a) Burial (b) Date thereof 2/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelburne, Mo

18. (a) Signature of funeral director W. H. Melton & Bartelau

(b) Address Shelburne, Mo

19. (a) Feb 8-1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 112
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Coroner's call, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock and Hemorrhage as result of accident of collision of two cars

Due to _____
Due to _____
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 2/7/41 204
(c) Where did injury occur? Highway #56 Audrain Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway #56

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

23. Signature E. J. Buntline Coroner will sign _____
(M. D. or other) _____
Address Mexico Mo Date signed 2/8/41

RECEIVED

District Health Officer No. 10

District File Number 3-41-596

Date Filed MAR 10 1941

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.....

Earl E. Precht

Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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, fact should be so stated above.