

Registration District No. 862

Primary Registration District No. 6125-4521 Registrar's No.

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Cabool
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 6 yrs. years, months or days

3. (a) PRINT FULL NAME James Carson Daily

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Luella 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 22 1872
 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 9 If less than one day hr. _____ min.

9. Birthplace Ark. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Cotton gin worker

11. Industry or business Retired the last 6 or 7 years

12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant Mrs Henry Hengel

(b) Address Cabool Mo.

17. (a) Burial (b) Date thereof April 3 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ash flat Ark.

18. (a) Signature of funeral director Gaylord V. Elliott
 (b) Address Cabool Mo.

19. (a) April 1 (b) Mrs. Clorinda Cunningham
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas
 (c) City or town Cabool
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
 year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 4-1
 1941 to 4-1 1941;
 that I last saw him alive on 4-1 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic carcinoma

Due to 468

Due to _____
 Other conditions arteriosclerosis
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?

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

23. Signature J. Robertson (M. D. or other) D
 Address Cabool Mo. Date signed 4-1-41

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

07
 1
 0

RECEIVED

District Health Officer No. 5,

District File Number 5411617

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.....

Gaylord V. Elliott

Licensed Embalmer No.....

2252

P. O. Address.....

Calcutt 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.