

No. 2
4-13-40
5-17-39
PI X25159

Registration District No. 247 Primary Registration District No. 5372 Registrar's No. 2

1. PLACE OF DEATH: Dallas Wilson
(a) County
(b) City or town
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas
(c) City or town Pusee 50
(d) Street No. 0
(e) If foreign born, how long in U. S. A. 0 years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1941 hour 4 minute 30 P.M.

4. Sex Male race White
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 31 1941

21. I hereby certify that I attended the deceased from on May 31 1941 to May 31 1941 that I last saw alive on May 31 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day 2 hrs 4 min

Immediate cause of death Premature birth
Duration

9. Birthplace Long Lane Mo

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

10. Usual occupation
11. Industry or business
12. Name Lawrence Percival
13. Birthplace Dallas Tex Mo
14. Maiden name Julia Smith
15. Birthplace Buffalo Mo

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

16. (a) Informant Lawrence Percival
(b) Address Long Lane Mo
17. (a) Liberty (b) Date thereof June 1-41
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director L. B. Stone
(b) Address Buffalo Mo
19. (a) (b) H. H. Jabbor

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?
(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. B. Chambers (M. D. or other)
Address Buffalo Mo Date signed 6-9-41

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

RECEIVED

District Health Officer No. 7;

District File Number 7-41-42

Date Filed 7-17-41

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.