

No. 2
4-13-40
5-17-39
PI X23159

Registration District No. **252**

Primary Registration District No. **4132**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Daniels**

(b) City or town **Jamesport Mo**
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Daniels**

(c) City or town **Jamesport**
(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.

3. (a) PRINT FULL NAME **GEORGE R. SALLIS JR**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22** year **1941** hour **12** minute **20** P.M.

21. I hereby certify that I attended the deceased from **May 30**, 19 **41** to **June 22**, 19 **41**
that I last saw him alive on **June 21**, 19 **41**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Oct 9 1861**
(Month) (Day) (Year)

Immediate cause of death **Streptococci Infection of Throat** Duration **7 days**

Due to **Infected Prostate Gland** **5 yrs**

8. AGE: Years Months Days If less than one day

79 **8** **13** hr. min.

Due to _____

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

Major findings: **11/5/41**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace **Jamesport Mo**
(City, town or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **James Collison**

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

14. Maiden name **Esther Collison**

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

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? **229**
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **R. W. [Signature]** (M. D. or other) _____
Address **Jamesport, Mo.** Date signed _____

16. (a) Informant **Max G. B. Collison**

(b) Address **Jamesport Mo**

17. (a) **Jamesport Mo** (b) Date thereof **June 23 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. J. Cemetery**

18. (a) Signature of funeral director **R. W. [Signature]**

(b) Address **Jamesport Mo**

19. (a) **6-23-41** (b) **Nelle White**
(Date received local registrar) (Registrar's signature)

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.....

E. L. Robinson

Licensed Embalmer No.....

3244

P. O. Address.....

Jameport

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.