

11-10-39  
1-17-39  
I XZ18

State File No. \_\_\_\_\_

Registration District No. 12

Primary Registration District No. 6162

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Vernon Washington

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

(c) Name of hospital or institution: State Hospital No 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville  
(If outside city or town limits, write "RURAL.")

(d) Street No. unknown  
(If rural, give location)

(e) If foreign born, how long in U. S. A? U.S.A. 0 years.

3. (a) PRINT FULL NAME JAMES L. BYNUM

3. (b) If veteran, name war UNKNOWN

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1941 hour 7 minute 45 A.M.

4. Sex MALE 5. Color or race white

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

6. (b) Name of husband or wife Zuella Utter Starnes

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

7. Birth date of deceased May 10 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 24, 1941, to July 8, 1941;  
that I last saw him alive on July 8, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 7 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Degenerative Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

9. Birthplace Johnson, Wash Cty / Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations none

Of autopsy none

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

11. Industry or business none

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

22. If death was due to external causes, fill in the following: no

(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? \_\_\_\_\_

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Missouri

17. (a) Burial (b) Date thereof 7/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Hosp Cemetery

18. (a) Signature of funeral director Ferris Funeral Home

(b) Address Nevada Mo

19. (a) 7/15/41 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

28. Signature Paul L. Barone (M. D. or other) 0

Address State Hosp No 3 Date signed July 8 1941

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

608

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1238

Date Filed 8-5-4

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

*Lloyd B. Winters*

Licensed Embalmer No. 3857

P. O. Address Nevada, Nev

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.