

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
305 South Everett
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

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

(d) Street No. 305 South Everett
(If rural, give location)

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

8. (a) PRINT FULL NAME Jammiti Borham, Lebo

8. (b) If veteran, name war non

3. (c) Social Security No. non

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Robert Lebo

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased may - 3 - 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>5</u>	hr. _____ min.

9. Birthplace: Hickman Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Samuel E. Elkins

18. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Cook

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

16. (a) Informant J. H. Michanek

(b) Address White Oak, Mo.

17. (a) Burial (b) Date thereof 9-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director E. H. Brown

(b) Address H. Brown, Mo.

19. (a) Sept. 17-1941 (b) Julia Blankinship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1941 hour 7 minute a M.

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

Immediate cause of death Myocardial Failure acute
15 minutes

Due to Hypertension
atheriosclerosis 10 years

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

2002

Duration

PHYSICIAN

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? _____

(e) Means of injury _____

23. Signature George J. Vitman (M. D. or other) _____

Address Dunklin Mo Date signed 9-17-41

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

265

SEP 22 1948

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, above space should be left blank.