

FILED AUG 29 1941 80  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5900**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County **Shelby**  
(b) City or town **Rural Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County **Shelby**  
(c) City or town **Rural Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **27** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JERALD RAY MIRACLE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Om** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **8 m** years  
7. Birth date of deceased **Oct 9 1940**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months **8** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **John Miracle**

13. Birthplace **Edgar Springs Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mae Hicks**

15. Birthplace **Shamrock, Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Miracle**

(b) Address **Edgar Springs, Mo**

17. (a) **Burial** (b) Date thereof **July 27 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mitchell Cem.**

18. (a) Signature of funeral director **S. S. Case**

(b) Address **Edgar Springs, Mo.**

19. (a) **June 26 1941** (b) **Alfred Capps**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **26**  
year **1941** hour **12 M** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **June 26 1941** to **June 26 1941**  
that I last saw him alive on **June 26 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Epilepsy (Convulsion)** Duration \_\_\_\_\_

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Heart, Mo** PHYSICIAN \_\_\_\_\_  
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 **F. V. G. Reed** (M. D. or other) \_\_\_\_\_

Address **Springfield** Date signed **6/26/41**

RECEIVED  
District Health Officer No. 5,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

RECEIVED  
District Health Officer No. 5,  
District File 8411861  
Date Filed \_\_\_\_\_

*Not embalmed.*

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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.