

FILLED OCT 27 1941

Registration District No. _____

Primary Registration District No. 5675-

Registrar's No. 1304

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural "Jackson Twp."
(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 _____
In this community most of life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Jameport Mo. R.2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day 27
year 1941 hour 4 minute 7 P.M.
21. I hereby certify that I attended the deceased from September
19 1941 to September 26 1941
that I last saw her alive on September 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Diabetes Mellitis Duration 25Yrs

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 61

Major findings:
Of operations _____
Of autopsy _____
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature R. W. Jones (M. D. or other) 0
Address Jameport, Mo. Date signed _____

3. (a) PRINT FULL NAME ANNA LEE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James H. Lee 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Dec 27 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Cameron Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation house wife

11. Industry or business _____

12. Name Wm. Jones 13. Birthplace Ky. (City, town, or county) (State or foreign country) 1

14. Maiden name Maranda Reed (City, town, or county) (State or foreign country) 0

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant James H. Lee (b) Address Jameport Mo. R.2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director R. W. Jones (b) Address Gallatin Mo.

19. (a) Sept 29 (Date received local registrar) (b) LOU ELBA CURRY (Registrar's signature)

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

59
0
0

059

0

0

MOTHER FATHER

TS

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..... *C. M. Jordan*

Licensed Embalmer No. *3453*

P. O. Address..... *Yonkers N.Y.*

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.