

No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35708**
Registrar's No. **65**

Registration District No. **653**

Primary Registration District No. **5864**

1. PLACE OF DEATH:

(a) County **Pennscoot**
(b) City or town **Near Hathi**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Homere Eugene Justice**
3. (b) If veteran, name war **Infant**
3. (c) Social Security No. **Infant**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife **0**
6. (c) Age of husband or wife if alive **10** years (Month) (Day) (Year)

7. Birth date of deceased **5 1941**
8. AGE: Years Months Days If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business
12. Name **Homere Justice**
13. Birthplace **Crestfield Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Helma Crumley**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Homere Justice**
(b) Address **Hathi Mo**
17. (a) **Burial** (b) Date thereof **10/9/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friends**
18. (a) Signature of funeral director **Friends**
(b) Address

19. (a) **10/7/41** (b) **Pearl Kelley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pennscoot**
(c) City or town **Near Hathi Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **10** year **1941** hour **6** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Only when born** 19 **Oct**, 5th, 1941, 19 **1941**; that I last saw him alive on **Oct**, 5th, 1941, 19 **1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **It was premature and breathing hard to establish without apparent cause**
Due to **It breathing became regular and lived until 6 AM Oct., 7th, 1941.**
Due to ~~XXXXXX~~ **It weighed about 5-1/2 pounds**
Cause for being premature **is unknown**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **159**
Of autopsy **NO**

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 **0**

23. Signature **A. D. Reeder** (M. D. or other)
Address **Portageville, Mo.** Date signed **10/7/41**

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

11-41-37

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.