

DEC 16 1941

Registration District No. 274

Primary Registration District No. 4063

Registrar's No. 1

1. PLACE OF DEATH:

(a) County NEW MADRID
(b) City or town Lilbourn, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County NEW MADRID
(c) City or town LILBOURN, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? BORN U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month II day 12
year 1941 hour 7 minute 0 M.
21. I hereby certify that I attended the deceased from Nov 12, 1941,
to Nov 12, 1941,
that I last saw him alive on Nov 12, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Duration 6 mo
Due to _____
Due to _____
Other conditions asthma
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James Wesley TOWERY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 26 1969
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>		<u>16</u>	hr. _____ min.

9. Birthplace KY
(City, town, or county) (State or foreign country)

10. Usual occupation COM LABOR

11. Industry or business _____

MOTHER FATHER { 12. Name DONT KNOW
18. Birthplace KY
(City, town, or county) (State or foreign country)
14. Maiden name JOE ANN HUBARD
15. Birthplace KY
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Towery
(b) Address RISCO, MO.

17. (a) BURED (b) Date thereof 11/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUNDS CEMETARY

18. (a) Signature of funeral director L. M. Hill

(b) Address LILBOURN MO.

19. (a) 12-8-41 (b) Bill Jose
(Date received local registrar) (Registrar's signature)

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 B. E. Jones M.D. (M. D. or other) 0
Address Lilbourn Mo Date signed Nov 13 41

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

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 two Nat. Embalmers

....., Registered Apprentice No. 2627
working under my personal supervision.

Signed J. Hill

Licensed Embalmer No. 2627

P. O. Address Lilbourn MO

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.