

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Gopier
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1621 Byers
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Gopier
(If outside city or town limits, write "RURAL")
(d) Street No. 1621 Byers
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rala Jameson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1941 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Nov-19 1941 to Dec 6 1941
that I last saw her alive on Dec 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac asthma Duration ✓

Due to Coronary disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/1/41 PHYSICIAN _____

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 0

23. Signature W. L. Laveland (M. D. _____)
Address Josephine Mo Date signed 12-10-41

MOTHER FATHER { 5. Color or race White

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

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 28 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Willie James Cash

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Gene Cash

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vera Graham

(b) Address 1621 Byers

17. (a) Funeral (b) Date thereof Dec 12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honest Park Cem

18. (a) Signature of funeral director Harshill Dallon

(b) Address 4th & Maple

19. (a) 12-10-41 (b) W. L. Jameson
(Date received local registrar) (Registrar's signature)

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

42-1-1119

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 Reida J. Shawhise
Licensed Embalmer No. 3890
P. O. Address Opheim, 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, fact should be so stated above.