DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10096

Registration District No. 29 | Primary Registration District No. 6241 | Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Barry
(b) City or town: Seligman Route One (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: None (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry
(c) City or town: Seligman Route One (If outside city or town limits, write "RURAL")
(d) Street No.: None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James Henry Still
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sarah M Still
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: June (Month) 24 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	2	x hr. x min.

9. Birthplace: Ark. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Lilburn Still
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Cynthia Rogers
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant: Ivy Talbert
(b) Address: Seligman, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bayless Cem. Ark.
18. (a) Signature of funeral director: Horine-Culver
(b) Address: Cassville, Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 26th year: 1942 hour: 12 minute: 15 a.m.
21. I hereby certify that I attended the deceased from Feb. 14, 1942, to Feb. 25, 1942, that I last saw h. alive on Feb. 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia, Duration: Feb. 15.
Due to: 107
Due to:
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis.
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: Dr Chas. R. Brown (M. D. or other) DO
Address: Seligman Mo. Date signed: 3/3/42

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-594
Date Filed APR 23 1942

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 E. Gordon Bennett
Licensed Embalmer No. 4213
P. O. Address Cassville, N.

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.

. S. No. 2B
DM—8-21-41
1 X29288

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10096

Registration District No. 29 Primary Registration District No. 6241 Registrar's No.

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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

3. (a) PRINT FULL NAME James H. Still
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 24 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months & Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Mar 26 1942 (Date received local registrar) (b) Grace Wells (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 26 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY