

SEP 10 1942
Registration District No. 6-23

Primary Registration District No. 8764

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town _____
(c) Name of hospital or institution Asst. - Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pemiscot
(c) City or town Netherlands
(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.? 0 years.

3. (a) PRINT FULL NAME LEROY MAHOMES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 29
year 1942 hour 11:30 minute _____ P. _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the _____ day and hour stated above.

4. Sex M. 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Berluer Mahomes 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased 12 13 1914
(Month) (Day) (Year)

Immediate cause of death Gunshot wound in chest, heart pierced Duration _____

8. AGE: Years Months Days If less than one day
27 8 14 hr. _____ min.

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

9. Birthplace Fonake Ark.
(City, town, or county) (State or foreign country)
10. Usual occupation Farm laborer
11. Industry or business Farming
12. Name Jaym Mahomes
13. Birthplace Lonshe Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Martina Ruvon
15. Birthplace Fonake Ark.
(City, town, or county) (State or foreign country)

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

MOTHER FATHER
16. (a) Informant's own signature Berluer Mahomes
(b) Address Netherlands, Mo.
17. (a) Burial (b) Date thereof 8.30.42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Asst. - Friends
18. (a) Signature of funeral director Asst. - Friends
(b) Address Asst. - Friends
19. (a) _____ (b) _____
(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) homicide
(b) Date of occurrence Aug 29 1942
(c) Where did injury occur? Netherlands, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
General store
While at work? (Specify type of place)
(e) Means of injury Gunshot
23. Signature Jaym Mahomes (M. D. or other) Coroner
Address Netherlands, Mo. Date signed 8/30/42

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

Every item of information should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

9-42-8

11-2...
4-8-12...

EXPIRES 10 1944

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 with the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27869
Registrar's No. 60

Registration District No. 633

Primary Registration District No. 5864

1. PLACE OF DEATH:

(a) County Pemisco
(b) City or town _____
(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
In this community _____ years, months or days)

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 Leroy mahomer

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

4. Sex m 5. Color of B race _____ 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 Dec 13 1913
(Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 13 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-31-42 (b) Mrs. A. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 13 Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her 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)

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

