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17-39
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32231

FILED OCT 9 1943

State File No. _____

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Deming
(b) City or town Passada, Mo.
(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 Mo. (b) County Deming ⁷⁸
(c) City or town Passada, Mo. ⁰
(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.? _____ ¹ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME FRANK BROOKS McBOLLUM, Jr.

20. DATE OF DEATH: Month Oct. day 3
year 1943 hour 9 minute 30 P.M.

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

21. I hereby certify that I attended the deceased from Oct 3, 1943, to Oct 3, 1943, that I last saw him alive on Oct 3, 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced - 0

Immediate cause of death Atelectasis

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

7. Birth date of deceased Oct. 3, 1943
(Month) (Day) (Year)

Due to Difficult labor
Posterior presentation
Due to and deformed child

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 15 min.

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

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

10. Usual occupation _____

11. Industry or business _____

Major findings: Of operations _____ 160C Of autopsy _____

12. Name Frank B. Mcbollum
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Edna Smith
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank B. Mcbollum
(b) Address Passada, Mo.

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? _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Specify type of place)
(c) Place: burial or cremation Ingram Ridge

18. (a) Signature of funeral director _____
(b) Address _____

While at work? _____ (Specify type of place) (e) Means of injury 0

19. (a) 10-7-43 (b) Mrs J. P. Cole
(Date received local registrar) (Registrar's signature)

23. Signature W. D. Bond, M.D. (M. D. or other) _____
Address Passada, Mo. Date signed 10-8-43

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

MOTHER FATHER

541

9-43-294

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, fact should be so stated above.