

FILED NOV 24 1943

Registration District No. 128

Primary Registration District No. 5466

State File No.

Registrar's No. 904

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos. 24 days
In this community 7 mos. 24 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County Monroe 39

(c) City or town Vonora 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. A

3. (a) PRINT FULL NAME HEARON, Rufus Floyd

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Annabelle Goforth Hearon

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

7. Birth date of deceased December 29 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>10</u>	<u>5</u>	hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER {

12. Name John Hearon

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

14. Maiden name unknown

15. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant File

(b) Address MCFP

17. (a) Removal (b) Date thereof Nov. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vonora, Tennessee

18. (a) Signature of funeral director H. H. Lohnmeyer

(b) Address Springfield, Mo.

19. (a) 11-6-43 (b) H. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1943 hour 9 minute 01 AM

21. I hereby certify that I attended the deceased from March 11,
1943 to November 4, 19 43

that I last saw him alive on November 4, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary
bilateral, far advanced 3 Yrs.
Duration

Due to 1381

Due to

Other conditions Bronchopneumonia, bilateral 48 hrs.
(Include pregnancy within 3 months of death)

Tuberculous enteritis, wide spread 1 yr.
PHYSICIAN

Major findings:
Of operations

Of autopsy As stated above.

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?

(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 E. W. Moreland (M. D. or other) E. W. MORELAND

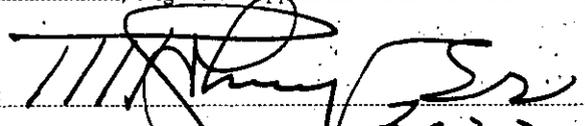
Address MCFP Clinical Director Date signed 11-6-43

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

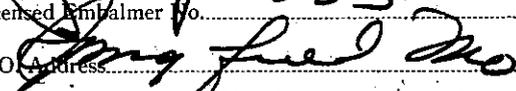
Signed.....



Licensed Embalmer No.....

2033

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.