

FILED JAN 11 1943

Registration District No. _____

Primary Registration District No. 5993

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural Medicine Gap
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lucerne Mo #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 78 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam 8/6

(c) City or town Rural Medicine Gap
(If outside city or town limits, write "RURAL")

(d) Street No. Lucerne Mo #2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME LEVI SIEGEL JAMES

3. (b) If veteran, name war.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 19
1943 to Dec 23 1943
that I last saw him alive on Dec. 22 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife NANCY E HOWARD

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased. MARCH 25 1862
(Month) (Day) (Year)

Immediate cause of death. Chronic Myocarditis

Due to _____

Due to _____

Other conditions. Acute Laryngitis
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 8 Days 28
If less than one day by min.

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

10. Usual occupation. FARMER

Major findings: Of operations. 938

Of autopsy. _____

MOTHER FATHER

11. Industry or business _____

12. Name MICHAEL JAMES

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

14. Maiden name JAMES McADAMS

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant. Yester Parish

(b) Address. UNIONVILLE, MO

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 12-25-43
(Month) (Day) (Year)

(c) Place: burial or cremation. Howard Cemetery

18. (a) Signature of funeral director. J. W. McDonald

(b) Address. Unionville, Mo

19. (a) 12/31/43 (b) _____
(Date received local registrar) (Date of signature)

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 J. W. McDonald (M. D. or other) Do
Address Unionville, Mo Date signed 12/24/43

RECEIVED

District Health Officer No. 10

District File Number 1-44-43

Date Filed JAN 10 1944

FEB 20 1953

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 Muel E. Husted
Licensed Embalmer No. 3304
P. O. Address Unionville 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.