

FILED MAR 8 1944

Registration District No. 43

Primary Registration District No. 5139

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural Coon Island Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(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 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

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

(d) Street No. 7 miles SE of Neelyville
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Dukes

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1944 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Feb 20 1944 to Feb 21 1944
that I last saw him alive on Feb 20 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Colored (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased: July 25, 1903
(Month) (Day) (Year)

Immediate cause of death: Pneumonia Lobar Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

8. AGE: Years 40 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Tallahassee Ga. Miss!
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Bennie Dukes

13. Birthplace Tallahassee Co. Miss!
(City, town, or county) (State or foreign country)

14. Maiden name Julia Crisp

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

16. (a) Informant Will Dukes

(b) Address Neelyville, Mo Star Rt.

17. (a) Burial (b) Date thereof 2-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville Cease

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

(b) Address Waverly, Mo

19. (a) 2-29-44 (b) Belle Turner
(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) _____

(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 0

23. Signature W. J. Harris (M. D. or other) _____
Address Neelyville Date signed 2-29-44

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

12
0
0

RECEIVED

District Health Office No.

District File Number 344-41

Date Filed 3-3-41

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 D. C. McCord

Licensed Embalmer No. 4079

P. O. Address Wagon 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.