

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

FILED MAY 20 1944

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4487**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Balf. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 6 months
(Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME..... James Ber DULANY

3. (b) If veteran, name war..... no

3. (c) Social Security No..... none

4. Sex..... male

5. Color..... white

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

6. (b) Name of husband or wife..... Marion Dulaney

6. (c) Age of husband or wife if alive..... 29 years

7. Birth date of deceased..... May 25 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

33	11	27	hr. min.
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9. Birthplace..... Del.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Merchant

11. Industry or business..... Seed Store

12. Name..... John Dulaney

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

14. Maiden name..... Stella Brown

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

16. (a) Informant..... Marion Dulaney

(b) Address..... Pacific, Mo

17. (a) Removed (b) Date thereof..... 5-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Pacific, Mo

18. (a) Signature of funeral director..... J. F. Bussack

(b) Address..... Pacific, Mo

19. (a) MAY 18 1944 (b) J. F. Bussack
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... Franklin

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

(d) Street No..... 0
(If rural, give location)

(e) Citizen of foreign country?..... no (Yes or No)

If yes, name country..... 1 N.B.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 14
year..... 1944 hour..... 2 minute..... 10 P. M.

21. I hereby certify that I attended the deceased from..... March 1942 to..... May 14 1944
that I last saw him alive on..... May 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Rheumatic heart disease & mitral insufficiency 6 yrs +

Due to.....

Due to.....

Other conditions..... 92
(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..... John L. Horner (M. D. or other) M.D.
Address..... 114 N. Taylor, St. Louis Date signed..... 5-15-44

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 *Geo. L. Hughes*

Licensed Embalmer No. 3008

P. O. Address Pacific M

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.