

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 394

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Railton 87
(c) City or town New London 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Arthur Juett

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

4. Sex Male 5. Color or race White 6. (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 December 11, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation XX

11. Industry or business XX

12. Name Richard Juett

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

14. Maiden name Mary Kathryn Arigbaum

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

16. (a) Informant Richard Juett

(b) Address New London Missouri

17. (a) Burial (b) Date thereof 12/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery New London Mo.

18. (a) Signature of funeral director. W. M. Smith

(b) Address 902 Broadway Hannibal Mo

19. (a) 12-15-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1944, to Dec 12, 1944,
that I last saw him alive on Dec. 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity 6 1/2 mo gestation
Due to premature Spontaneous delivery
Due to Toxemia Pregnancy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159
Of autopsy _____

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? _____

23. Signature J. P. Sultman (M. D. or other) MO
Address Hannibal Mo Date signed 12/14/44

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

4
3
4

1146

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.

This body was not embalmed

Signed George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal Missouri

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.