

No. 2  
5-43  
5-17-39  
X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26105

State File No.

Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 1-1

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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 Mo (b) County Wright

(c) City or town Raymond Rural  
(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 J. Person

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Maudie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 6 1920  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25  
year 1946 hour 10:30am minute 30 a.m.

21. I hereby certify that I attended the deceased from 3-25 1946 to May 25 1946  
that I last saw him alive on 5-25 1946  
and that death occurred on the date and hour stated above.

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

76 3 19 hr. \_\_\_\_\_ min.

Immediate cause of death Heart

Due to Cancer of Stomach

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Retired R.R. Worker

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John R. Person

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

14. Maiden name Perkins Clark

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

16. (a) Informant Mrs Maudie Person

(b) Address Raymond

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation Raymond

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? \_\_\_\_\_

18. (a) Signature of funeral director Kelly Jones

(b) Address Raymond

19. (a) June 20 (Date received local registrar) (b) Hillert Jones (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature E. G. Beers (M. D. or other) \_\_\_\_\_

Address Raymond Mo Date signed 5-29-46

343

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 746-743

Date Filed JUL 12 1946

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland 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.