

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 71

1. PLACE OF DEATH:

(a) County DENT
(b) City or town SALEM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 53
(c) City or town SALEM 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES THOMAS COUNTS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-07-9478

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife NANCY COUNTS 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 25 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation RAILROAD

11. Industry or business RAILROAD

12. Name JESSIE COUNTS

13. Birthplace ST. GENEVIEVE COUNTY Missouri
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ROBERTS

15. Birthplace CRAWFORD COUNTY Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Counts

(b) Address SALEM, MISSOURI

17. (a) BURIAL (b) Date thereof OCT 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROBERTS CEMETERY

18. (a) Signature of funeral director Hobson & Shanholtz

(b) Address SALEM, MISSOURI

19. (a) 10-14-46 (b) Dr. M. Hart, M.D. by SUR
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12
year 1946 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 6 1942 to Oct 12 1946
that I last saw him alive on Oct 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar Duration _____

Due to Asthma (Bronchial)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No 108

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) MU

(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? No (Specify type of place) (e) Means of injury 0

23. Signature Dr. M. Hart, M.D. (M. D. or other)

Address Salem MO Date signed Oct 4, 46

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

MOTHER FATHER

RECEIVED

District Health Officer No 5,

District File Number 10465-99

Date Filed 10-21-46

NOV 14 1956

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 Max L. Wanfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.