

FILED DEC 27 1946

Registration District No. 323

Primary Registration District No. 4479

Registrar's No. 63

1. PLACE OF DEATH
(a) County Schuyler
(b) City or town Queencity MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME James Monroe George
3. (b) If veteran, name war None
3. (c) Social Security No. 2

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Lucile George 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan 13 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 27 hr. min.

9. Birthplace Queencity MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Stock Buyer

11. Industry or business same

12. Name Henry George

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

14. Maiden name Elizabeth Miller

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

16. (a) Informant H. H. Brown
(b) Address Queencity MO

17. (a) Burial (b) Date thereof Dec 13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queencity Cemetery

18. (a) Signature of funeral director Wm J. West
(b) Address Queencity Missouri
19. (a) 12-11-46 (b) Miss. R. F. Drake
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Queencity MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 46 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 1, 1946 to Dec 10, 1946;
that I last saw him alive on Dec 8, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Cancer of Prostate Duration 3-6 mo

Due to _____

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

Major findings: 5/13
Of operations _____
Of autopsy no

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 O. P. Groves (Print or other) OO
Address Queencity Mo Date signed 12-11

MOTHER FATHER

DEC 30 1948

APR 11 1950

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 *Wm N West*

Licensed Embalmer No. *2882*

P. O. Address *Queencity*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.