

**FILED FEB 5 1947**

Primary Registration District No. **3033**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution:  
Wallace Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

(d) Street No. 602 Wood St.  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Robert Pine

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan. 13 1947  
(Month) (Day) (Year)

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

9. Birthplace Lebanon Laclede Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Donald Pine

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

14. Maiden name Barbara Fulmer

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

16. (a) Informant Mrs Ethel Fulmer

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 1-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) Jan 25 1947 (b) Ora Frankberger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13  
year 1947 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 12 Jan 1947 to 13 Jan 1947  
that I last saw him alive on 12 Jan 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death malformation of heart (congenital)

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

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

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

Major findings: Of operations 157E

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? 0

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

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]

Address Lebanon Mo. Date signed 1-30-47

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

Received ..... 1/30/47 .....  
Laclede County Health Unit  
File No. .... 1-47-15 .....  
Date Filed ..... 1/31/47 .....

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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.....  
*No Embalming*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Dersey M. Howe*.....  
Licensed Embalmer No. *4222*.....  
P. O. Address *Lebanon 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.**