

No. 2  
-8-43  
5-17-39  
I X37823

State File No. ....

FILED FEB 20 1947  
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:  
South East Mo. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether

In this community 12 hrs  
years, months or days)

3. (a) PRINT FULL NAME Davie F James

3. (b) If veteran, name war —

3. (c) Social Security No. 498-10-3178

4. Sex M Color or race W

5. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Oma Jones

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 24 1900  
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 14  
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Enoch James

13. Birthplace Bollinger County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Shrelda Hanners

15. Birthplace Bollinger County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant John James

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof 2-9-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pulliam Cemetery

18. (a) Signature of funeral director Wilson Shaly Seaberg

(b) Address Jackson Mo

19. (a) 2-11-1947 (b) G. C. Summers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

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

(d) Street No. 3 miles east of Patton Mo.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/2 day 8  
year 47 hour 3 minute AM

21. I hereby certify that I attended the deceased from 2/2 1947, to 2/8 1947  
that I last saw — alive on 2/5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture skull  
Paralysis of occipital lobe  
with Brain injury.

Due to Tree falling on head

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Accident

(b) Date of occurrence 2/7 1947

(c) Where did injury occur? Patton Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place) (c) Means of injury Falling tree

23. Signature D. Seaberg (If Deceased)  
Address Patton Mo Date signed 2/11/47

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

RECEIVED

District Health Officer No. 4  
District File Number 247-23  
Date Filed 2-17-47

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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.....

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

Signed Glen Wilson

- - Licensed Embalmer No. 2828

P. O. Address Jackson 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.