

FILED APR 8 1947

Primary Registration District No. 6/82

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Cora Pleasant Hill Twp
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan/05

(c) City or town Cora - Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Bessie Mae Head

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 47 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from March 6, 1947, to March 25, 1947,
that I last saw her alive on March 6, 1947,
and that death occurred on the date and hour stated above.

4. Sex W 5. Color or race W

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

6. (b) Name of husband or wife James S. Head

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug 1882
(Month) (Day) (Year)

Immediate cause of death America's Cause, pneumonia, Hypertension, Chron. nephritis

Due to _____

Due to _____

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

8. AGE: Years 54 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmers wife

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name James A. Dodson

13. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Judd

15. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. Head

(b) Address Cora Mo

17. (a) Burial (b) Date thereof 3-27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood

18. (a) Signature of funeral director Dehaeris

(b) Address Milan Mo

19. (a) April-1947 (b) Mrs. H. B. Harris
(Date received local registrar) (Registrar's signature)

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 J. S. Montgomery (M. D. or other) 0
Address Milan Mo Date signed _____

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

05
0

MOTHER FATHER

320

RECEIVED
EMERALD STATE COLLEGE
APR - 5 1947
6:47:647

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 Dwight Schoune

Licensed Embalmer No. 2667

P. O. Address Milam 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.