

FEDERAL SECURITY AGENCY

Division of Vital Statistics

FILED OCT 7 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31903

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County... New Madrid
(b) City or town... Canalou, Mo.
(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)

3. (a) PRINT FULL NAME... James Melton Absher

3. (b) If veteran, name war... 3. (c) Social Security No.

4. Sex... Male 5. Color or race... White 6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife... Daisy B. Absher 6. (c) Age of husband or wife if alive... 68 years
7. Birth date of deceased... May 8 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 23 hr. min.

9. Birthplace... White Co., Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation... Laborer

11. Industry or business... Farming

12. Name... Unknown

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

14. Maiden name... Unknown

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

16. (a) Informant... C. R. Absher

(b) Address... Morehouse

17. (a) Burial (b) Date thereof... 10-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Baylor Cemetery

18. (a) Signature of funeral director... Watkins Fun. Ser.
(b) Address... Dexter, Mo.

19. (a) 10-3-47 (b) Thomas M. Shutey Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... New Madrid
(c) City or town... Canalou
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Oct. day... 1
year... 1947 hour... 7 minute... 15 A. M.

21. I hereby certify that I attended the deceased from 10-1
to 10-1, 1947,
that I last saw him alive on 10-1, 1947,
and that death occurred on 10-1 date and hour stated above.

Immediate cause of death... Prostate
Duration... 1 year

Due to...
Due to...

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

Major findings:
Of operations...
Of autopsy... 5/B

PHYSICIAN

Underline the cause of 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... gun
23. Signature... Dr. M. Davis (M. D. or other) MD
Address... Morehouse, Mo. Date signed 10-2-47

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

RECEIVED
District Health Office No. 2,
District File Number 1047-1308
Date Filed 10-6-47

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.....

..... Licensed Embalmer No. 2476

P. O. Address Walter 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.