

FILED JAN 14 1948

Registration District No. **248**

Primary Registration District No. **5832**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Rural E. Benton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(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 Oliver Tabor**

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 **Married**

6. (b) Name of husband or wife **Jennie Tabor** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **May 17 1882**
(Month) (Day) (Year)

8. AGE: Years **65** Months **5** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Newton Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Andrew Tabor**
13. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hance**
15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Jennie Tabor**

(b) Address **Granby, Mo. R#2**

17. (a) **Burial** (b) Date thereof **11-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dice Cem. Fairview**

18. (a) Signature of funeral director **W. M. ...**

(b) Address **Wheaton, Mo.**

19. (a) **1 5 1948** (b) **Alvin Dyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Granby, Mo. #2**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **5**
year **1947** hour **12** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 30 1947** to **Oct. 18 1947**
that I last saw him alive on **Nov. 4 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **B**

Major findings: Of operations **16**

Of autopsy _____

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? _____

10. While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **C. Cardwell, M.D.** (M. D. or other) **O**

Address **Stella, Mo.** Date signed **11-11-47**

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

13
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9

73
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MOTHER, FATHER

OFFICIAL USE

RECEIVED

District Health Officer No. Newton
District File Number 148-244
Date Filed 1-12-48

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. Mason Dyer
Licensed Embalmer No. 34427
P. O. Address Wheaton, 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.