

FILED SEP 10 1948

Registration District No. 267Primary Registration District No. 5900Registrar's No. 67

1. PLACE OF DEATH:

(a) County Remick
 (b) City or town Braggadocio rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Jim Hallum
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M. O 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ana Hallum 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Dec 17 1899
 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Dyersburg Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Merchandising

11. Industry or business _____

MOTHER FATHER
 12. Name Morris Hallum
 13. Birthplace Dyers Co. Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Sadie Gray
 15. Birthplace Butler Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Ana Hallum

(b) Address Braggadocio, Mo.

17. (a) Buried (b) Date thereof 8-14-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crematorium

18. (e) Signature of funeral director J. S. Shuman

(b) Address Stella, Mo.

19. (a) 9-6-48 (b) John W. Herman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 13 year 1948 hour 9:00 minute AM

21. I hereby certify that I attended the deceased from 8-2 1948, to 8-12 1948,
 that I last saw him alive on 8-10 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor

Due to _____

Due to _____

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

Major findings: Of operations 57c

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? _____

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

23. Signature E. H. Wilson (M. D. or other) MD

Address Berth H. Mo Date signed 9-16-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9-48-246

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

John W German

Licensed Embalmer No.....

4355

P.O. Address.....

Hayti, 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.