

Registration District No. 266

Primary Registration District No. 5378

Registrar's No. T

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Anutt Rural-Walker Pop  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME James Fore

3. (b) If veteran, name war ----- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ellen Fore 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 8 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Fore

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

14. Maiden name Nancy Baker

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

16. (a) Informant Maudie Warren

(b) Address Anutt, Mo.

17. (a) Burial (b) Date thereof 1/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anutt Cemetery

18. (a) Signature of funeral director Carl Spencer

(b) Address Salem, Missouri

19. (a) January 12 1941 (b) F. E. Butler MD. 240  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Anutt Rural-Walker Pop.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Anutt Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11  
year 1941 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from December 1  
1936 to January 11, 1941;  
that I last saw him alive on January 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to Atherosclerosis

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

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 F. E. Butler MD. (M. D. or other) MD.

Address Salem Missouri Date signed 1-12-41

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

300

33

0

0

Duration

4 years

several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 241263

Date Filed \_\_\_\_\_

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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 Wm. W. McDougal

Licensed Embalmer No. 3806

P. O. Address Salem, 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, above space should be left blank.