

Registration District No. 383

Primary Registration District No. (55) 34

Registrar's No.

1. PLACE OF DEATH:

(a) County Hawell, Mo.
(b) City or town Mountain View, 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
In this community 46 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jim June
3. (b) If veteran name war
3. (c) Social Security 500-103743

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Letha June
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March 16 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 4 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

12. Name J. M. June

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

14. Maiden name Mary Leathers

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

16. (a) Informant Letha June

(b) Address Mtn View Mo.

17. (a) Burial (b) Date thereof June 22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Side Cemetery

18. (a) Signature of funeral director John F. Stroman

(b) Address Mtn View Mo.

19. (a) June 25-41 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 20 - 20 1941 to June 20 1941
that I last saw him alive on June 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attacks
had suddenly

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 700W

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to 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?
343 (Specify type of place)
While at work? (e) Means of injury

23. Signature F. E. Russell (M.D. or other)
Address Mtn View, Mo. Date June 20-41

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

MOTHER FATHER

FEB 23 1955

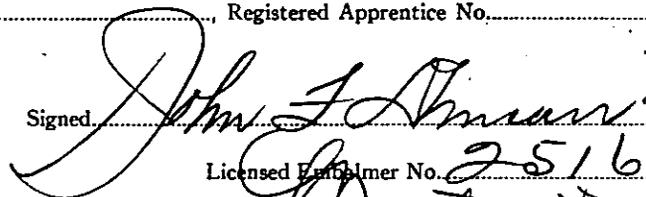
STATEMENT BY LICENSED EMBALMER

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. 2516

P. O. Address Mountain View, W. Va.

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.