

FILED NOV 10 1941

Registration District No. 163

Primary Registration District No. 5228

Registrar's No. 49

1. PLACE OF DEATH:

(a) County CEGAR  
(b) City or town Rural - Box, Tennessee  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEGAR 20  
(c) City or town RURAL - Box  
(If outside city or town limits, write "RURAL")  
(d) Street No. EL DORADO SPRING RD 3  
(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 11  
year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Oct 8 - 1941 to Oct 11 - 1941  
that I last saw him alive on Oct 3, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 97

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

Duration  
V.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JAMES MADISON SIZEMORE

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

(b) Name of husband or wife Delila Sizemore 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July - 22 - 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name Gaston Sizemore

13. Birthplace Ky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Reed

15. Birthplace Ky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delila Sizemore

(b) Address El Dorado Springs, Mo. R 2

17. (a) Burial (b) Date thereof Oct 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound (Cem)

18. (a) Signature of funeral director William Siders

(b) Address El Dorado Springs, Mo

19. (a) Oct 13 1941 (b) J. W. Dawson  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature J. W. Dawson (M. D. or other) \_\_\_\_\_  
Address El Dorado Springs Date signed 10/12/41

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

RECEIVED  
District Health Officer No. 7,  
District File Number 11-41-1853  
Date Filed 11-7-41

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**