

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

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Hunnewell, Rural
(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 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James R. Afflick

3. (b) If veteran, name war X 3. (c) Social Security No. X

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Sept, 23 1958
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business Stockman

12. Name Charles O. Afflick

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

14. Maiden name Nina Lee Hull

15. Birthplace Middle Grove, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Hall

(b) Address Hunnewell, Mo.

17. (a) Burial (b) Date thereof 5-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Mo.

18. (a) Signature of funeral director William B. Barkley

(b) Address Clarence, Mo.

19. (a) July 5 1943 (b) Wedge Gooch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Hunnewell 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 May day 20
year 1943 hour 4 minute 0 A. M.

21. I hereby certify that I attended the deceased from Mo.
19 40 to May 20, 19 43

that I last saw him alive on April 14, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Dead suddenly during sleep
arteriosclerosis
hypertension

Due to arteriosclerosis
hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 91

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 0

23. Signature W. B. Barkley (M. D. or other)

Address Hunnewell, Mo. Date signed 5-26-43

RECEIVED

District Health Officer No. 10

District File Number 8-43-1197

Date Filed

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 *Cliff Hawkins*

Licensed Embalmer No. *2498*

P. O. Address *Shelbina - 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.