

REC'D JUL 1 1945

5912

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Steele rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Virginia Temp 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 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boonville 72
(c) City or town Steele rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Virginia Temp 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alton Dearman

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Viola Dearman 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Nov 29 7 1915
(Month) (Day) (Year)

8. AGE: Years 29 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Lee Co Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alton Dearman
13. Birthplace Ala 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Scruggs
15. Birthplace Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Dearman

(b) Address Steele mo. Rm 2

17. (a) removed (b) Date thereof 5-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director [Signature]

(b) Address Steele Mo

19. (a) July 7 45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1945 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 5
1945, to May 9 1945
that I last saw him alive on May 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Due to Flu

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations [Signature]
Of autopsy _____

Duration

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Steele Date signed 7/7/45

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

18
0
0

6-45-134

JUL 11 1945

JUL 17 1945

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..... *Jas. R. Stovall*.....

Licensed Embalmer No. *3100*.....

P. O. Address..... *Bythsville, O*.....

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.