

V. S. No. 2  
00M-8-43  
Rev. 5-17-39  
X37823

State File No.

FILED SEP 6 1946

Registration District No. 47

Primary Registration District No. 9005

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Peelloway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr 3 mo 18 days  
(Specify whether years, months or days)

In this community same  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boonville

(c) City or town Jacksonville  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES FRANK PETTY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 8 to Aug 14, 1946, that I last saw him alive on Aug 14 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June - 2 - 1871  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Duration \_\_\_\_\_

8. AGE: Years 75 Months 2 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

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

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

10. Usual occupation farmer

11. Industry or business same

MOTHER FATHER { 12. Name James H. Petty

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

14. Maiden name Margaret Alexander

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

16. (a) Informant Records State Hosp

(b) Address Fulton Mo

17. (a) Burial (b) Date thereof Aug-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Prairie Chap No

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Boonville Missouri

19. (a) 8-14-1946 (b) Joan Rose Kiff  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 9/30

Of autopsy \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

Signature J. Caldwell M. D. Address Fulton Mo

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

14  
1  
2

25315

**RECEIVED**  
District Health Officer No. 9;  
District File Number 9-46-39  
Date Filed 9-4-46

**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 R. M. Carter  
Licensed Embalmer No. 4117  
P. O. Address W. W. W. M. 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.**