

FILED NOV 4 1947

Registration District No. 268

Primary Registration District No. 5906

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemscot

(b) City or town Rural  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 10 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Portageville Mo. Route 11  
(If rural, give location) Box No 152

(e) Citizen of foreign country? NO (Yes or No) NO  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JEFF DATES

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

4. Sex MALE 5. Color or race COLORED 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VIRGINIA DATES 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 9 1883  
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Jeff Dates

(b) Address Lumbus Mississippi

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Spring Hill

18. (a) Signature of funeral director L. G. Hill

(b) Address Lumbus MD

19. (a) 9-30-1947 (b) Mrs. A. Sullett  
(Date received local registrar) (Registrar's signature) 294

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27  
year 1947 hour 7 o'clock minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6-1- 1947, to 9-27- 1947;  
that I last saw him alive on 9-13- 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate gland

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

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature J. Masters (M.D. or other) \_\_\_\_\_  
Address Hayes MO Date signed 9-30-47

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

MOTHER FATHER

11-47-294

**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 *John Hill*.....

Licensed Embalmer No. 2627.....

P. O. Address Hilbourn 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.**