

Registration District No. _____

Primary Registration District No. 4002

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Brashear
(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 67 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Adair
(c) City or town Brashear
(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 GEO. CABYIN POSS

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 M
6. (b) Name of husband or wife Poss Poss 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug 22 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Poss
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Melba Merritt
15. Birthplace Palle Co. mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Poss Poss
(b) Address Brashear. Mo.

17. (a) Burial (b) Date thereof 6-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brashear Cemetery

18. (a) Signature of funeral director Foster P. Easty
(b) Address Brashear. mo.

19. (a) 7-12-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 2 minute 30 p.M.

21. I hereby certify that I attended the deceased from Jan 1947 to June 19 1948
that I last saw him alive on June 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphoid Sarcoma
Due to of Beck. Duration 2 yrs

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations zbc
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) 1
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

While at work? _____ (Specify type of place) (c) Means of injury PHUMPARY
23. Signature N. M. Thompson M. D. or other MD
Address Brashear mo. Date signed 2-9-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-48-1210

Date JUL 20 1948

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..... *G. H. [Signature]*

Licensed Embalmer No. 3755

P. O. Address Sudley Md

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.