

1938 OCT 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33117
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 735
 (b) Township Sugar Creek Primary Registration District No. 3034
 (c) City Waverly (d) Street No. McCormick Hospital Registered No. 177
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary C. James 53
 (a) Residence, No. 508 West Main Ave. Hannibal Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 7 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Rubberplant
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

FATHER
 13. NAME William R James
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Mrs Anna Dalton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo.

17. INFORMANT (ADDRESS) Mr William Koch Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mary Cemetery DATE Sept 6 1938

19. FUNERAL DIRECTOR (ADDRESS) Sw. Funeral Home Waverly Mo.

20. FILED Sept 6 1938 Edna K. Ketchum Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 3 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Corners base, 19...
 I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at 4:20 PM.
 The principal cause of death and related causes of importance were as follows:
Skull fractured at base of brain, neck broken, upper jaw broken in front, left half of lower jaw broken in several places. Date of onset 9-3-38

Other contributory causes of importance:
car turned over top of none

Name of operation none Date of 9-3-38
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 9-3-1938
 Where did injury occur? Reisch, Randolph Co. Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public place
 Manner of injury auto accident, fire blast
 Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) E. H. Shroder, Coroner, M. D.
 (Address) Waverly, Mo.

Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-364

Date Filed 10-8-38

STATEMENT BY LICENSED EMBALMER

Thomas E. Barnes

Licensed Embalmer No. 2414

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Myself

L. E.

No. _____ or by

R. M. Gator

Registered Apprentice No.

127

working under my personal supervision.

Signed

Thos. E. Barnes

Licensed Embalmer No.

2414

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)