

DEC 1 9 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
40648  
Do not use this space.

## 1. PLACE OF DEATH

 (a) County Webster Registration District No. 900  
 (b) Township Miangua Primary Registration District No. 6207 Registered No. ....  
 (c) City ..... (d) Street No. ....  
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

5246 Alice C. James  
 (a) Residence, No. Miangua, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.C. "Bud" James
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1871
 7. AGE YEARS 67 MONTHS 8 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) Nov. 1938 11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.FATHER 13. NAME Joshua Hightower14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. CarolinaMOTHER 15. MAIDEN NAME Nancy Rowe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina17. INFORMANT (ADDRESS) Mrs. Hallie Mikkelsen  
Marshfield, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Miangua DATE Nov. 13, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey  
Marshfield, Missouri

20. FILED ..... 19..... Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938, to Nov. 11, 1938I last saw her alive on Nov. 11, 1938 Death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Accidentally happened to  
death by clothing  
catching fire from a  
heroseal lamp 15  
15

Other contributory causes of importance:

Shock secondary  
Toxemia

Name of operation None Date of ..... m.What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. E. Schlicht M. D.847 (Address) Miangua, Mo

RECEIVED:

District Health Officer No. 6,

District File Number 6-38-818

Date Filed DEC 16 1938

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,

Rex Rainey

or by

Registered Apprentice No.  working under my personal supervision.

Signed

*Rex Rainey*

Licensed Embalmer No. 3312

P. O. Address Marshfield, Missouri

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

40648  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Webster Registration District No. 900  
 (b) Township Manqua Primary Registration District No. 6207  
 (c) City..... (d) Street No..... Registered No.....  
 (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 Alice C. James  
 (a) Residence, No. Manqua 210 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 - 1891

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>67</u>	<u>8</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation Life

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

FATHER  
 13. NAME Joshua Hightower  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER  
 15. MAIDEN NAME Nancy Boone  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs. Hilda Mikkelaen Marshfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Manqua DATE Nov 13 1938

19. FUNERAL DIRECTOR (ADDRESS) Rev. Minney Marshfield Mo

20. FILED Dec 7 1938 Mrs. Schlicht Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 to Nov 11 1938  
 I last saw him alive on Nov 11 1938. Death is said to have occurred on the date stated above, at 3:00 m.  
 The principal cause of death and related causes of importance were as follows:  
accidental burn  
to death by clothing catching on fire from  
propane lamp  
 Date of onset

Other contributory causes of importance:  
Shock Secondary to pneumonia

Name of operation none Date of.....  
 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?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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