REG'D JUL 13 1939

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

21494
Do not use this space.

1. PLACE OF DEATH
(a) County Bollinger — Registration District No. 67
(b) Township Liberty — Primary Registration District No. 5104 — Registered No. 11
(c) City Lutesville, — (d) Street No. ____ St.
(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 59 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence R. James
(a) Residence, No. ____ St. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	41	3		

OCCUPATION
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. Farmer
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) Bollinger, Co. 0

FATHER
13. NAME Monroe James 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. 0

MOTHER
15. MAIDEN NAME Julie Shell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

17. INFORMANT (ADDRESS) Monroe James Lutesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cane Creek, Cem DATE April 22 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hodnett.

20. FILED 7-10 19 39 Mrs H A Illers Dep
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21st 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1938 to Apr 21 1939
I last saw h[illegible] alive on Apr 21 1939 Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic ulcer.	
Chronic nephritis	
Dropsy.	

Other contributory causes of importance: None known.

Name of operation No Operation Date of ____
What test confirmed diagnosis? Phy Exam Was there an autopsy? ____

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) F. M. Finney, M. D.
(Address) Lafland Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-1-12-38 I X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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.