

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.

1939 AUG 11 1939

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

Do not use this space.

1. PLACE OF DEATH
 County Leechman Registration District No. 85
 Township St. Joseph Mo Primary Registration District No. 1001
 City St. Joseph Mo (No. State Hospital # 2) St. 2 Ward) 687
 2. FULL NAME Lula Corner James
 (s) Residence, No. Cowdell Mo St. Cowdell Mo Ward. Cowdell Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

25027

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou James 1947
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1889
 7. AGE YEARS 52 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wif
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
 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) Cowdell Mo
 13. NAME Dennis O. Corner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Mo) U. S
 15. MAIDEN NAME Lula E. Holahart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire
 17. INFORMANT (ADDRESS) State Health Records
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston Mo DATE July 7 1939
 19. UNDERTAKER (ADDRESS) Frank Clark
Kingston Mo
 20. FILED July 7 1939 A. H. Hutchins Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 39
 22. I HEREBY CERTIFY That I attended deceased from Feb 7 1936 to July 6 39
 I last saw her alive on July 6 1939 Death is said to have occurred on the date stated above, at 10:30 PM
 The principal cause of death and related causes of importance were as follows:
Arteriosclerotic heart disease Date of onset 95 6 2
 Other contributory causes of importance:
Hypostatic congestion of lung.
 Name of operation..... Date of.....
 What test confirmed diagnosis? Examination 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) R. E. Heiler M. D.
 (Address) St. Joseph # 2

STATEMENT BY LICENSED EMBALMER

I, Cramer Clark, Licensed Embalmer No. 3257

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by Me

or by _____, Registered Apprentice No. _____

(Signed) Cramer Clark

Licensed Embalmer No. 3257

NOTE: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDS.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)