

32039

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 2 1804Primary Registration District No. 3008Registrar's No. 255

1. PLACE OF DEATH:

- (a) County Callaway ²
 (b) City or town Dalton, Mo
 (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 _____
 years, months or days)3. (a) PRINT FULL NAME Lydia Ann James

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Wesley James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9 1857
 (Month) (Day) (Year)8. AGE: Years 82 Months 2 Days 3 If less than one day _____ hr. _____ min.9. Birthplace Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

12. Name Son of Mc Cowan13. Birthplace Sumner, Mo
 (City, town, or county) (State or foreign country)14. Maiden name Julia Ann Wood15. Birthplace Missouri
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Mable Dawson(b) Address Dalton, Mo.17. (a) burial (b) Date thereof Sept. 14, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation hillcrest18. (a) Signature of funeral director Geo. S. Wallace(b) Address Dalton, Mo19. (a) Sept. 13, 1939 (b) R. N. Crewe 1/2
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Callaway
 (c) City or town Dalton
 (If outside city or town limits, write "RURAL")

(d) Street No. _____
 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
 year 1939 hour 3 minute 15 P. M.21. I hereby certify that I attended the deceased from Sept. 9, 1939, to Sept. 9, 1939,
 that I last saw her alive on Sept. 9, 1939,
 and that death occurred on the date and hour stated above.Immediate cause of death Bronchial Pneumonia Duration 5 das.Due to Senility ?

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: Of operations noneOf autopsy none

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John J. Brown (M.D. or other) _____Address Dalton, Mo Date signed Sept 30

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

Rev. 6-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1938

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.

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 Harold J. Christy
Licensed Embalmer No. 4002
P. O. Address Dutton, Mo

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.