

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

36637
 Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 546
 (b) Township Johnson Primary Registration District No. 5735
 (c) City Wichita (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 _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME Myrtle D. James

(a) Residence, No. _____ 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) Wid

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, .2 hrs. or _____ min.
<u>55</u>	<u>6</u>	<u>23</u>	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1-1-1939 11. Total time (years) spent in this occupation 20 7/8

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

FATHER

13. NAME John C. Welch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

MOTHER

15. MAIDEN NAME L. C. Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo

17. INFORMANT Bessie Milligan (ADDRESS) Wichita Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walter C. James DATE 10-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. E. Kiehlker
W. James Mo

20. FILED Oct. 17-1939 Sam A. Warner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-9-1939, to 11-12-1939

I last saw her alive on 10-10-1939 Death is said to have occurred on the date stated above, at 6:50 a.m.

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

Diabetes Date of onset _____

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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? Yes

If so, specify _____ (Signed) O. J. Jones, M. D.
 (Address) Wichita Mo

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.

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W. S. Luckler Jr

Licensed Embalmer No. 1970

P. O. Address St James 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.