

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.

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

REC'D DEC 13 1939

29395
Do not enter this part.

1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township..... Primary Registration District No. 3014 Registered No. 263
 (c) City Jefferson City (d) Street No. Mo. State Prison 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 596 James Victor Lantry
 (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	55	2	11	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chef
 9. Industry or business in which work was done, as saw mill, bank, etc. Restaurants
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
 13. NAME Unknown 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Self

18. BURIAL, CREMATION, OR REMOVAL PLACE Kokosalle Mo DATE 11-10-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thorne J. Gordon
Jefferson City Mo

20. FILED 11/10/39 J. B. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1939 to November 7, 1939
 I last saw him alive on November 7, 1939. Death is said to have occurred on the date stated above, at 2.24 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Coronary Heart Disease
 Other contributory causes of importance: 94 lb

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify (Signed) W. V. Rambo M. D.
 (Address) W. V. RAMBO, M. D.
Central Trust Bldg., Jeff. City

11 (Licensed Embalmer's Statement on Reverse Side)

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.....

Ford P. Gulle

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ford P. Gulle

Licensed Embalmer No.....

3890

P. O. Address.....

Jefferson City 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.