DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 12 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40230

Registration District No. 541 Primary Registration District No. 31 Registrar's No. 318

1. PLACE OF DEATH:

(a) County Marion 2

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1614 Fulton Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not in hospital (Specify whether)

In this community since 1929 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal (If outside city or town limits, write "RURAL")

(d) Street No. 1614 Fulton Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? Since 6 months old

3. (a) PRINT FULL NAME George Albert James

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lear L. James

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased October (Month) 11 (Day) 1865 (Year)

8. AGE: Years 74 Months 1 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) England (State or foreign country)

10. Usual occupation Retired 10 years.

11. Industry or business —

FATHER
12. Name George James
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Elizabeth Trafton
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature Myrtle James

(b) Address 509 Broadway Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address Hannibal Missouri

19. (a) Nov 22 1939 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th year 1939 hour 2:28 minute P. M.

21. I hereby certify that I attended the deceased from September 30th, 1939, to Nov. 15, 1939; that I last saw him alive on Nov. 15, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis of muscles of respiration and deglutition	1 day 6 days
Due to Cerebral hemorrhage (First stroke 3 years previous)	
Due to Arteriosclerosis	
Other conditions Cystitis; bedrores (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. E. Hamilton (M. D. or other) D.O.

Address Hannibal Mo Date signed 11/17/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

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 Ray P Schwartz, Registered Apprentice No. 1765 working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address Hannibal, 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.