FILED MAR 8 - 1940

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

5804
Do not use this space.

1. PLACE OF DEATH
(a) County Barry 2 Registration District No. 34
(b) Township Primary Registration District No. 6239 Registered No. 2
(c) City Exeter Twp (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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances M. James
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1849
7. AGE YEARS 90 MONTHS 1 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

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. Retired.
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) Clinton County Missouri

FATHER
13. NAME Jim Price
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Missouri

MOTHER
15. MAIDEN NAME Mary Jane Newby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Missouri

17. INFORMANT (ADDRESS) Mrs. Henry Hadley Exeter, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Exeter DATE 2/8/ 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Koon Funeral Home Cassville, Mo.
20. FILED Feb. 8 1940 Mrs. W. P. Searcy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1939, to Feb. 6, 1940
I last saw her alive on Feb. 6, 1940. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	1/30/40

93C

Other contributory causes of importance:
Chronic Myocarditis.

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) E. E. McDaniel, M. D.
(Address) Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. NO. 2. 50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 6,
District File Number 340-698
Date Filed MAR 7 1940

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, Rufus J. Miller, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Rufus J. Miller
Licensed Embalmer No. 3794
P. O. Address Cassville, 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.