

Registration District No. 1781

Primary Registration District No. 4404

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town St James  
(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 2 (Specify whether  
In this community Lifetime years, months or days)

8. (a) PRINT FULL NAME William J. T3002300  
8. (b) If veteran, name war NONE  
8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MARCH-26-1858 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 4 If less than one day hr. ✓ min.

9. Birthplace BRISTOL - Bucks Co. PENNSYLVANIA (City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business \_\_\_\_\_  
12. Name NOT KNOWN  
18. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred West  
(b) Address St James Missouri  
17. (a) ST JAMES MO (b) Date thereof 2-11-40 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Jacob's Cemetery  
18. (a) Signature of funeral director James B. Hoot  
(b) Address St James Missouri  
19. (a) 3-1-40 (b) Elmer B. Hoot (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town ST JAMES MO (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 9th year 1940 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 25, 1940 until Feb 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 10 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 William B. Hoot (M. D. or other) \_\_\_\_\_  
Address St James Mo Date signed 2/10/40

PHYSICIAN  
Underline the cause to which death should be charged statistically

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

Rev. 6-17-39  
1 x 10511

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.....

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

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 340309

Licensed Embalmer No.....

Date Filed 3/2/60

P. O. Address.....

**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.