FILED APR 23 1940

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

12142
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 735
(b) Township — Primary Registration District No. 3034 — Registered No. 57
(c) or City Moberly (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Warren Doctor
(a) Residence, No. 710 S Clark 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: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 1871

7. AGE: Years 68 — Months 10 — Days 7 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Tax Road
10. Date deceased last worked at this occupation (month and year) 6 mo
11. Total time (years) spent in this occupation 30 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo

FATHER
13. NAME J H Doctor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Sarah Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs M M Doctor
(ADDRESS) 710 S Clark Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelbina Mo DATE March 19 1940

19. FUNERAL DIRECTOR (NAME) Paul T Hackney
(ADDRESS) 934 W End Pl Moberly Mo

20. FILED 3/18 1940 Ardell Bulla Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1940 5:05 A

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1940, to March 18, 1940
I last saw him alive on March 18, 1940 Death is said to have occurred on the date stated above, at 5:05 A m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3/16/40
95 P

Other contributory causes of importance:
Hypertensive Heart disease — Several years

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? No
If so, specify ____
(Signed) W. R. Lamotte M D M. D.
(Address) Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16603

RECEIVED
District Health Officer No. 10
District File Number 4-40-894
Date Filed APR 16 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, or by .....

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

working under my personal supervision.

Signed Paul T Hackney

Licensed Embalmer No. 3598

P. O. Address Moberly Missouri

Note:.. The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.