

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.

FILED APR 8 1940

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

12632  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Stoddard Registration District No. 886  
 (b) Township EIK Primary Registration District No. 6100  
 (c) City Parma (d) Street No. 2 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 8 yrs. 1 mo. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Richardson James  
 (a) Residence, No. 227 1/2 St. 0 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Feb 29, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
8 00 28

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.  
 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) Stoddard Co. Missouri

FATHER

13. NAME Eugene James  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parma Co. Ind. I

MOTHER

15. MAIDEN NAME Flora Nelson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Eugene James  
 (ADDRESS) R.F.D. #1 Parma Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barber DATE March 29, 1940

19. FUNERAL DIRECTOR (NAME) Duncan Funeral Home  
 (ADDRESS) Parma Mo.

20. FILED Apr. 1, 1940 Laurand Hopkins  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1940, to Mar 28, 1940  
 I last saw him alive on Mar 28, 1940. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Pernicious Malaria Date of onset 5.5  
38  
 Other contributory causes of importance: Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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 Edward Sera, M. D.  
 (Signed) Parma, Mo.  
 (Address)

RECEIVED

District Health Officer No. 2

District File Number 440-87

Date Filed 4/6/40

**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.....

Licensed Embalmer No.....

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.**