

S. No. 2  
-11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17548**  
Registrar's No. **2075**

ED JUN 17 1940  
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Wesley Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **17 days**  
(Specify whether  
In this community **Non-Resident**  
years, months or days)

3. (a) PRINT FULL NAME **Geo. Washington James 520**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Catherine James** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **January 25, 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **21** If less than one day  
hr. min.

9. Birthplace **Ulrich Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Geo. Washington James**

13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Leich**

15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl James**  
(b) Address **3710 Agnes**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **May 20-40**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Creighton, Mo.**

18. (a) Signature of funeral director **J. M. Wagner**  
(b) Address **Kansas City, Mo.**

19. (a) **Ma 20, 1940** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Henry**  
(c) City or town **Blairstown, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**,  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **April 18, 1940** to **May 20, 1940**  
that I last saw him alive on **May 20, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Septic Peritonitis**  
**Abcess**

Due to **1230**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**no**

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **J. F. Mackey** (M. D. or other)

Address **Blairstown, Mo.** Date signed **5-20-40**

*Prof. Bess*  
*Emb. No. 3807*

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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.

Signed Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K.C., 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.**