

1940 JUL 17

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

22350
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid 2 Registration District No. 274
(b) Township Lilbourn Primary Registration District No. 4063
(c) City Lilbourn (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

(a) Residence, No. 235 James McDonald Lilbourn Mo St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7/1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra.min.
54 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Tennessee

FATHER 13. NAME Unknown 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Dora Hessling
(ADDRESS) Lilbourn Mo. Bx 173

18. BURIAL, CREMATION, OR REMOVAL PLACE Lilbourn Mo. DATE 6/19/40, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Jones
537 St. Louis Mo.

20. FILED June 19, 1940 E. E. Jones
537 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to June 17, 1940

I last saw him alive on June 17, 1940. Death is said to have occurred on the date stated above, at 7:00 am.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset 12 am

Other contributory causes of importance:

Possibly Asthma Ulcer

Name of operation Obituary Date of 7:00
What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes
If so, specify.....

(Signed) E. E. Jones, M. D.
(Address) Lilbourn Mo.

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.

RECEIVED

District Health Officer No. 2

District File Number 740-124

Date Filed 7/17/40

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.....

was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

John A. [Signature]

Licensed Embalmer No. 2941

P. O. Address [Signature]

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.