

FILED AUG 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25064

State File No. _____

Registration District No. 280

Primary Registration District No. 5383

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Douglas (Mc Murteen) Mo
(b) CITY or town Brushyknob, Rural, Twp 26
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community Brushyknob (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Brushyknob, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Twp. 26, Range 14, Section 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Martha C. James 570

3. (b) If veteran, name war 0 3. (c) Social Security No. 0000

4. Sex Female 5. Color or race white
6. (b) Name of husband or wife Mackey W. James
6. (a) ~~Single, widowed, married,~~ divorced
6. (c) Age of husband or wife if alive 31 years (Day) (Year) 1856

8. AGE: Years 83 Months 11 Days 3 If less than one day: hr. _____ min. _____

9. Birthplace: Douglas Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business House-keeping

12. Name Chas. R. Wilson
13. Birthplace South Bend Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Jane Hicks
15. Birthplace Douglas Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Massey C. Whitaker
(b) Address Mackey, Missouri

17. (a) Burial (b) Date thereof 5-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cemetery, Brushyknob, Mo

18. (a) Signature of funeral director Friends
(b) Address _____

19. (a) 7-14-1940 (b) Rebeking white
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 1940 hour 6 minute 4 M.

21. I hereby certify that I attended the deceased from 4
_____, 1940, to 5 3, 1940
that I last saw her alive on 5 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Poison
Due to Cancer of Stomach
Due to _____

Other conditions (include pregnancy within 3 months of death) 46

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? 976 (Specify type of place) (e) Means of injury _____

23. Signature M C Gentry (M. D. or other) 1
Address awa mo Date signed 7-16-40

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

4

RECEIVED

District Health Officer No. 6,

District File Number 540-2417

Date Filed AUG 09 1969

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.