

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 612

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1125 S. National 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 2 weeks
years, months or days)

8. (a) PRINT FULL NAME Zetta James 52a

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adolph James 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 1 1880
(Month) (Day) (Year)

8. AGE: Years 1 60 Months 3 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Postmistress

11. Industry or business _____

MOTHER FATHER { 12. Name John S. Davis

{ 18. Birthplace Old Appleton Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Unger

{ 15. Birthplace Marble Hill Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mable Davis

(b) Address Brownwood, Mo.

17. (a) Burial (b) Date thereof July 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Advance, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-23-40 (b) W.E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Brownwood
(If outside city or town limit, 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 July day 23
year 1940 hour 12 minute 15 p. M.

21. I hereby certify that I attended the deceased from July 10
_____ 1940, to July 23 1940;
that I last saw her alive on July 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

General carcinoma
Primary growth
in left breast.
Never treated

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

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) _____

(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? _____

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While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature W.D. Delzell (M. D. or other) _____

Address Springfield, Mo. Date signed _____

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

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 *Walter E. Hamillan*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield, 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.