

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **500** Primary Registration District No. **4803** Registrar's No. _____

1. PLACE OF DEATH: **Linn**
(a) County **Linn**
(b) City or town **Laclede**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **All**
years, months or days _____

3. (a) PRINT FULL NAME **George Green James**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Anna James** 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **Aug. 9th. 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 14 hr. min.

9. Birthplace **Linn Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook at Hotel**

11. Industry or business _____

MOTHER FATHER
12. Name **Alfred James**
13. Birthplace **Chariton Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia Collins**
15. Birthplace **Chariton County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hall**
(b) Address **Laclede Mo**

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Mrs. Thorne**

(b) Address **Laclede, Mo. L. No. 2876**

19. (a) **Nov 27 1940** (b) **Mrs. Geo O. Plummer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Linn**
(c) City or town **Laclede 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 **Nov** day **23**
year **1940** hour **8** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Oct 1, 1940** to **Nov 23, 1940**
that I last saw him alive on **Nov 18, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism** Duration **11/23/40**
Due to **Arteriosclerosis**
Due to **Essential hypertension**
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations **94%**
Of autopsy _____
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?
44% While at work? _____ (Specify type of place) Means of injury **3**

23. Signature **Mrs. G. L. Mansel** (M. D. or other) **50**
Address _____ Date signed _____

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

FILED DEC 1 1940

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 me

W.G. Thorne

Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 2876

P. O. Address Laclede, 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, fact should be so stated above.