

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **41967**Registrar's No. **389**

JAN 13 1941

Registration District No. **89**Primary Registration District No. **5134 A**

1. PLACE OF DEATH:

- (a) County Butler Co. Mo.
 (b) City or town Quinn Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home

- (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether years, months or days) 30 day

8. (a) PRINT FULL NAME

BETTIE JANE JAMES

8. (b) If veteran,

name war ✓

8. (c) Social Security

No. ✓

4. Sex

F

5. Color or

race W

6. (a) Single, widowed, married,

divorced Single6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if

alive ✓ years

7. Birth date of deceased

Nov
(Month)13
(Day)1940
(Year)

8. AGE:

Years

Months

Days

If less than one day

29✓ hr.min.

9. Birthplace

Butler Co. Mo.
(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Bessie James

13. Birthplace

Mo.
(City, town, or county)

(State or foreign country)

14. Maiden name

Jane Adams

15. Birthplace

Mo.
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Bessie James

(b) Address

Quinn

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Nov 13-1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Little Home

18. (a) Signature of funeral director

Self

(b) Address

Quinn19. (a) 1/3/41

(Date received local registrar)

(b)

Kate Lutz
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Butler
 (c) City or town Quinn Rural
 (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 Dec day 12
 year 1940 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 12
1940, 1940, to Dec 13, 1940,
 that I last saw her alive on Dec 12, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Due to

Bronchopneumonia

Due to

✓

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy

no

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? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Scott & Cook (M. D. or other)Address Quinn Mo. Date signed 2/13-40

1072

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.

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41967

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 6134A

Registrar's No. 389

1. PLACE OF DEATH:

- (a) County Butler
(b) City or town Smithfield, Mo.
(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 years, months or days)

**3. (a) PRINT
FULL NAME**

Bettie Jane James

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive, years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

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

14. Maiden name.

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

16. (a) Informant.

- (b) Address.

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

- (c) Place: burial or cremation.

18. (a) Signature of funeral director.

- (b) Address.

19. (a) 2/14/41 (b) Kate Lutz (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.

- (c) City or town. (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 Dec day 12 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

- that I last saw him alive on 19 and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchitis Pneumonia Duration

- No Complication of

- Due to any kind, just

- a Bronchitis Pneumonia

- Due to

- Other conditions. (Include pregnancy within 3 months of death) 1072

- 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? (Specify type of place) (e) Means of injury.

23. Signature Scott & Cook (M. D. or other)

- Address Quinn Date signed 2/24/41

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

SUPPLEMENTARY

