

JAN 25 1941 780  
Registration District No.

Primary Registration District No. 4466

State File No.

Registrar's No. 67

1. PLACE OF DEATH:

(a) County St. Genevieve  
(b) City or town St. Genevieve 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) 2

3. (a) PRINT FULL NAME HATTIE JAMES

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

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Frank James 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Ben Brazile

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

14. Maiden name Laura White

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

16. (a) Informant's own signature Dr. Orsatti

(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof Dec 25 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director James J. Hunter

(b) Address St. Genevieve Mo

19. (a) Dec 24/40 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Gen

(c) City or town St. Genevieve 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 Dec day 23  
year 1940 hour 12 30 minute P M.

21. I hereby certify that I attended the deceased from Nov 1  
1938 to Dec 25, 1940

that I last saw alive on Dec 23, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Card. Dis Duration 1939

Due to Arterio Sclerosis 1939

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Arthur E. Alexander (M. D. or other) M.D.

Address St. Genevieve Mo Date signed 12-24-40

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.

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**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.**