No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 21 1941

State File No. 11369

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Elizabeth Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution I Day (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State Missouri (b) County Ralls 0

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Monroe City; R.2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William R. James

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 18 (Day) 1872 (Year)

8. AGE: Years 68 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joshua James
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Manda Gentry
15. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Sam R. James

(b) Address Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20. 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetary Ralls Co

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) Mar. 19 1941 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1941 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Feb 9, 1941, to Mar 17, 1941 that I last saw him alive on March 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Edema of the heart & lungs — Duration 24 hrs

Due to Chronic Cardio Renal Disease — About 3 years

Due to

Other conditions (Include pregnancy within 3 months of death) 131a

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? 488 (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address Monroe City Date signed 3-18-41

(Licensed Embalmer's Statement on Reverse Side)

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 a~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.