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FILED JUN 10 1941

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
221 South 12<sup>th</sup>  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 23 yrs - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1505 Savannah Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME

James Harvey Larkins

(b) If veteran name war none

(c) Social Security No. none

4. Sex Male

5. Color or race white

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

(b) Name of husband or wife May Larkins

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May (Month) 7 (Day) 1863 (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

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

12. Name Ruben Larkins

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

14. Maiden name Sarah Faunt

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

16. (a) Informant C. E. Larkins

(b) Address 221 South 12<sup>th</sup> St Joseph Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Wheaton Be Galt & Bowman  
(b) Address St Joseph Mo

19. (a) May 23 1941 (Date received local registrar) (b) H. Reistlebusch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 11 minute 40 a.m.

21. I hereby certify that I attended the deceased from May 16, 1941, to May 22, 1941; that I last saw him alive on May 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to hypertension

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

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

Major findings: Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place)

23. Signature H. D. Kearby M.D. (M. D. or other) M. D.

Address St Joseph Mo Date signed 5-23-41

Duration 6 days  
Underline the cause to which death should be charged statistically.

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

2-3355

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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 May 22

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm. J. Sumnerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St. Joplin

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

**If this body is not embalmed, fact should be so stated above.**