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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1941

Registration District No. 12 b

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4432

State File No. 25936

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

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

(c) Name of hospital or institution Spencer Township (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in hospital (Specify whether

In this community 63 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87

(c) City or town New London (If outside city or town limits, write "RURAL")

(d) Street No. Spencer Township (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Laura Jane James

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alexander C. James

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

7. Birth date of deceased November 25 1851 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	8	10	hr. min.

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

10. Usual occupation At home

11. Industry or business —

FATHER
12. Name William Nalley
13. Birthplace (so not known) Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bryson
15. Birthplace (so not known) Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Iona Smith

(b) Address New London Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 6, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Bashley Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Broadway, Hannibal Mo.

19. (a) Aug 12 1941 (Date received local registrar) (b) Blanche Mesgown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1941 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1941, to Aug 5, 1941, that I last saw her alive on July 20, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Congestive Heart Failure	
Due to Chronic Arthritis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. T. Waters (M. D. ~~or other~~)

Address New London Mo. Date signed 8/9/41

605

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1528
Date Filed AUG 15 1941

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 Ray P. Schwartz, Registered Apprentice No. ..... working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address Hannibal, Mo

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.