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K23159

FILLED OCT 16 1941

Primary Registration District No. **421**

Registrar's No. **23**

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

1. PLACE OF DEATH:

(a) County Henry

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

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

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

In this community 15 yrs
years, months or days

3. (a) PRINT FULL NAME Edward L. James

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-10-5999

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Minnie James

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

7. Birth date of deceased 3 31 1884
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>57</u> | <u>5</u> | <u>1</u> | hr. _____ min. _____ |

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Wm James

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

14. Maiden name Jane Dixon

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

16. (a) Informant Mrs Minnie James

(b) Address Windsor Mo

17. (a) Burial (b) Date thereof 9 4 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cable Reformed

18. (a) Signature of funeral director Fred C. Wilkins

(b) Address Clinton

19. (a) 9-3-41 (b) V. J. Derron
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry ⁴²

(c) City or town Windsor ²
(If outside city or town limits, write "RURAL")

(d) Street No. in Windsor
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 10
Aug Sept 2, 1941, to Sept 2, 1941;
that I last saw him alive on Sept 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease
Duration 3 mo.

Due to _____

Due to _____

13 P 1

Other conditions Pulmonary Tuberculosis 1 yr.
(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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. A. Blackmore M. D. or other _____

Address Windsor Mo Date signed 9-3-41

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1767

Date Filed 10-13-41

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, fact should be so stated above.