

DEPARTMENT OF COMMERCE

FILED OCT 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32320

Registration District No. 712

Primary Registration District No. 5941

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville, Route 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Turkey Ridge, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years! (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charley James

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

4. Sex male 5. Color or race white 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 62 years
7. Birth date of deceased October 10 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 25 hr. min.

9. Birthplace Lafayette Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Henry James
13. Birthplace Lafayette Indiana
(City, town, or county) (State or foreign country)

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

16. (a) Informant Minnie James
(b) Address Waynesville, Mo., Route 1

17. (a) burial (b) Date thereof 9/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Rich A. Oliver
(b) Address Richland, Missouri

19. (a) Aug 5/1941 (b) Rich A. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Waynesville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Turkey Ridge (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 1, 1941 to Sept. 4, 1941;
that I last saw him alive on Aug 13 - 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure - 1 minute
Due to Chronic Valvular lesion
Due to unknown 1 year

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? _____

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

23. Signature Rich A. Oliver (M.D. or other) MD
Address Richland Mo Date signed 8/5/1941

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Pulaski County Health Officer

File Number 1041-51

Date Filed 10/8/41

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 the above constitutes grounds for revocation of license.)

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