No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38568

Registration District No. 417 — Primary Registration District No. 3021 — Registrar's No. 101

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Webb City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 912 South Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Webb City (If outside city or town limits, write "RURAL") 2
(d) Street No. 912 So. Main (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Clara Ellen James
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased October (Month) 24 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	1	12	hr. min.

9. Birthplace Ozark Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name Isaac Barr
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name E. Moore
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Alta Stanfield
(b) Address Tucker, Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 7 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Webb City Cemetery
18. (a) Signature of funeral director Dodge Mclean
(b) Address Webb City Mo
19. (a) NOV 7 41 (Date received local registrar) (b) O. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1941 hour 4 minute A M.
21. I hereby certify that I attended the deceased from Aug 6 1941 to Nov 6 1941 that I last saw h alive on Nov 5 1941 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Hemiplegia-Left: Respiratory & Circulatory Failure.
Due to Cerebral Hemorrhage
Due to
Other conditions (Include pregnancy within 3 months of death) 1
Major findings: Of operations None
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 O. L. Pritchett (M. D. or other)
Address Webb City Mo Date signed 11-7-41

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2859

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.