

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2842

State File No.

Registrar's No.

FILED FEB 11 1942

Registration District No.

Primary Registration District No. 4323

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME Albert James

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ellie 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr 11 6 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Baker (City, town, or county) Kansas (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Oscar Jansen

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

14. Maiden name Eva Bowler

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

16. (a) Informant Mrs. Leona Middleton

(b) Address 607 Cedar St. Harmon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/41 (Month) (Day) (Year)

(c) Place: burial or cremation MT Olivet

18. (a) Signature of funeral director James O. Russell

(b) Address Harmon Mo

19. (a) Dec 20 41 (Date received local registrar) (b) Mrs. Margaret Maddox (Deputy Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Harmon Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 223 210th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1941 hour minute 7:45 AM

21. I hereby certify that I attended the deceased from Dec 16 1941 to Dec 19 1941

that I last saw him alive on Dec 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Edm. Luke (M. D. or other)
Address Harmon Date signed Dec 20 41

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

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

Michael J. Adloner

Licensed Embalmer No.

3246

P. O. Address

Hannibal Mo

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.