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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3870

State File No. _____

Registration District No. 836

Primary Registration District No. 6100

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Stoddard Co

(b) City or town Barber Ark Council

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME KENNETH JEAN JAMES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race X

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 9 1942

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace Stoddard Co 0

(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name Edward James

13. Birthplace Ark Co. Ark. 1

(City, town, or county) (State or foreign country)

14. Maiden name Bessie Jane

15. Birthplace Bernice Co Mo. 0

(City, town, or county) (State or foreign country)

16. (a) Informant Edward James

(b) Address Malden Mo Route # 2

17. (a) Burial (b) Date thereof 1-11-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barber Cemetery

18. (a) Signature of funeral director Wesley Turner

(b) Address Bernice, Mo.

19. (a) 2-7-1942 (b) Mrs. Corde Miller

(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles east of Bernice, Mo.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th

year 1942 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from Jan 9 1942 to Jan 10 1942

that I last saw him alive on Jan 10 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions

Due to Possible Central tumor

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 160C

Of autopsy _____

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 Geo. W. Hunter (M. D. or other) _____

Address Barber Date signed 1/12/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Office No. 2,
District File Number 242-240
Date Filed 2-13-42

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.

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