

FILED MAR 13 1942

Registration District No. 83e

Primary Registration District No. 45036040

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Wasson  
(c) Name of hospital or institution: No  
(d) Length of stay: In hospital or institution No  
In this community Inter Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Wasson  
(d) Street No. Jackson Township  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARGARET JANE JAMES

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

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if alive Wasson years  
7. Birth date of deceased Sept 28 1854

8. AGE: Years 87 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Wasson Co Missouri

10. Usual occupation Domestic

MOTHER FATHER { 11. Industry or business  
12. Name William Leary  
13. Birthplace Pa  
14. Maiden name Ramsey Davis  
15. Birthplace Wasson Co Missouri

16. (a) Informant Gravel Starnes  
(b) Address Hunnell No.  
17. (a) Wasson (b) Date thereof 2-28-42  
(c) Place: burial or cremation Gravel Starnes

18. (a) Signature of funeral director Gravel Starnes  
(b) Address Hunnell No.  
19. (a) 2-28-42 (b) Malge L. Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1942 hour 4 minute 0 A. M.  
21. I hereby certify that I attended the deceased from Feb 22 to Feb 28 19 42 that I last saw him alive on Feb 22 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations \_\_\_\_\_ 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? \_\_\_\_\_

23. Signature RA Parker MD (M. D. or other) 0  
Address Hunnell No. Date signed 2-28-42

RECEIVED

District Health Officer No. 10

District File Number 10-42-324

Date Filed MAR 10 1942

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 ME  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed George Givan  
Licensed Embalmer No. 1754  
P. O. Address Hummer Ave

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.