

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 1 1942

Registration District No. 430

Primary Registration District No. 5586

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Leeton (If outside city or town limits, write "RURAL" and name of township)
(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 1 (Specify whether
In this community All of his life. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John Baxter 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 bachelor

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

7. Birth date of deceased January 30, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 68 7 10 hr. _____ min.

9. Birthplace (Near) Leeton, Johnson Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Mgr. Missouri Farm Ass'n & J.P.

11. Industry or business Manager (and Justice of Peace)

MOTHER FATHER { 12. Name Wiley Fountain James
13. Birthplace Near Knoxville, Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Runner
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Lee W. James (Brother)

(b) Address Leeton, Mo.

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

(c) Place: burial or cremation Maneral Creek, (Leeton)

18. (a) Signature of funeral director W. B. Branninger

(b) Address Leeton, Mo.

19. (a) 3-9-42 (b) W. B. Branninger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Leeton (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1942 hour 1 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____
No time, 19____, to No date, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary acclussion Duration _____

Due to _____

Due to _____

Other conditions gfa
(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. Sign Edward Anderson (M. D. or other) _____

Address Holden, Missouri Date signed 3/9/42

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

151
00

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

R. A. Bunninger

Licensed Embalmer No. 3377

P. O. Address Sutton, 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, above space should be left blank.