

FILED MAY 21 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 122

1. PLACE OF DEATH:

- (a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-18-42-4-19-42
(Specify whether years, months or days)
In this community 2 Days

3. (a) PRINT FULL NAME Charles wayman James

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Sept 7 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 7 12 hr. min.

9. Birthplace Zalma Mo (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business no

MOTHER FATHER { 12. Name Lawrence a. James
13. Birthplace Zalma (City, town, or county) Missouri (State or foreign country)
14. Maiden name Jua mae Burklow
15. Birthplace Laduser (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lawrence James (Father)
(b) Address Zalma, Mo.

17. (a) Burial (b) Date thereof Apr. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem. Lutesville, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.

19. (a) 4-20-42 (b) J. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Bollinger
(c) City or town Zalma (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1942 hour 938 minute _____ M.

21. I hereby certify that I attended the deceased from 4-18 1942 to 4-19 1942
that I last saw him alive on 4-19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Phagoc Myocarditis Duration 2 yrs
of chronic arteriosclerosis

Due to Branchiopneumonia 2 wks
Probably post influenza

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

Major findings: 33 a
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
While at work? _____
23. Signature George T. Walker (M. D. or other) 4/20
Address Cape Girardeau Mo Date signed 1942

RECEIVED

District Health Officer No. 4
District File Number 5-2-687
Date Filed 5-19-42

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.