

18812

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

33

Registration District No. 232

Primary Registration District No. 5966

Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Rural Moniteau  
(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. (Specify whether

In this community Entire life  
years, months or days)

3. (a) PRINT FULL NAME Ara Lee James

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Uriah James 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 9 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 1 24 hr. min.

9. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Pogue  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wright  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Uriah James  
(b) Address Huntsville, Mo. R.R. #3

17. (a) Burial (b) Date thereof 5/4/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Mo.

18. (a) Signature of funeral director Tom Patton

(b) Address Huntsville Mo

19. (a) 6-2-42 (b) Mrs. J. Pogue  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 20  
April 20 1942 to May 3 1942  
that I last saw her alive on May 2  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
1942

Due to Hypertension

Due to Chronic Nephritis

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

Major findings: No Operation

Of, operations

Of autopsy No 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 W. S. Mendenhall M.D. or other

Address Hopkins, Mo Date signed 5-4-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

1024

JUN 18 1945

RECEIVED

District Health Officer No. 10

District File Number 6-42-4208

Date Filed JUN - 8 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Paul J. Patton*

Licensed Embalmer No. 4095

P. O. Address Huntville, 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.