

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21470

State File No.

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jane's Church Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

Belle Lessie James

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Jesse B. James 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Sept 6 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 3 If less than one day hr. 47 min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Jesse B. James

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Centon

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse B. James

(b) Address Wells City, Missouri

17. (a) Burial (b) Date thereof June 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cem.

18. (a) Signature of funeral director Wells City Undert Co.

(b) Address Wells City, Mo.

19. (a) June 11, 1942 (b) W. M. L. L. L.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells City
(If outside city or town limits, write "RURAL")
(d) Street No. 1024 Aurora
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1942 hour 7.30 minute 0 M.

21. I hereby certify that I attended the deceased from May 22 1942 to June 9 1942
that I last saw him/her alive on June 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery

Due to

Due to

Other conditions HSA
(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. Signature W. M. L. L. L. (M. D. or other)

Address Wells City, Mo. Date signed 6/11/42

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

1180

(Licensed Embalmer's Statement on Reverse Side)

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

A. K. Mills

Licensed Embalmer No.

347

P. O. Address

West City 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.