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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 13 1942
Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Stanberry
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 ✓
(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 life time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Stanberry MO
(If outside city or town limits, write "RURAL" and name of township)

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

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME James Edward James

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1942 hour 7 minute 45 P.M.

4. Sex Male 5. Color or race D

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 13 years (Month) (Day) (Year)

7. Birth date of deceased any 1868 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 7 1939 to Oct 14 1942 that I last saw him alive on Oct 14 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>2</u>	<u>2</u> hr. <u>✓</u> min.

Immediate cause of death degenerating atherosclerosis

Due to degenerating atherosclerosis

Due to ✓

9. Birthplace Henry MO (City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business farmer

12. Name Prof. B. Jones

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

14. Maiden name Mrs. Nancy Glendon

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

Other conditions (include pregnancy within months of death) 92d

Major findings: Of operations ✓

Of autopsy: ✓

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joe Williford

(b) Address Stanberry MO

17. (a) 1302187 (b) Date thereof 10/16/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hwy 20, Stanberry, Mo

18. (a) Signature of funeral director Atty + J. Kelly

(b) Address Stanberry MO

19. (a) 10/16/42 (b) James M. Miller (Date received local registrar) (Registrar's signature)

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 F. J. ... (M. D. or other) ✓

Address Stanberry MO Date signed Oct 14 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 _____

L. A. Phillips

Licensed Embalmer No. _____

1898

P. O. Address _____

Stonery Md

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33680
Registrar's No. 21

Registration District No. 120 Primary Registration District No. 4197

1. PLACE OF DEATH:
(a) County Butte
(b) City or town Stanhely
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME James Edward James
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I or saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race (w) 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: Aug 13
(Month) (Day) (Year)

Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 74 Months _____ Days _____ If less than one day _____ min.
9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 10/16/42 (b) James M. Webster
(Date received local registrar) (Registrar's signature)

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

James M. Webster
B.R.

