

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

35108

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED NOV 9 1942  
Registration District No. 378

Primary Registration District No. 4552

38

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Mountain Grove Town  
(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.....  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Mountain Grove Mo  
(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.....

3. (a) PRINT FULL NAME Dr. Hiram Jarrett 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 married  
6. (b) Name of husband or wife Rosetta Ross James 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased December 16 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 1 hr. min.

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

10. Usual occupation Physician

11. Industry or business

12. Name William James  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Phoebe Perkins  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Rae James  
(b) Address Mountain Grove Mo  
17. (a) Burial (b) Date thereof Oct. 18, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Douglass County Mo

18. (a) Signature of funeral director Dr. Staff  
(b) Address Mountain Grove Mo  
19. (a) 11/4/42 (b) Hubert K. Perry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1942 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept. 1 - 1942 to Oct. 17 - 1942  
that I last saw him alive on Oct. 16 - 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Due to.....  
Due to.....  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy.....

Duration  
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?  
(Specify type of place)  
While at work?..... (e) Means of injury.....  
23. Signature Dr. Perry (M. D. or other)  
Address Mountain Grove Mo Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

114  
0

114  
1

0

97

1042

RECEIVED

District Health Officer No. 6,

District File Number 1142-1553

Date Filed NOV 6 1942

MAR 18 1943

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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

*George Staff*

Licensed Embalmer No.

3161

P. O. Address

*Mr. Green*

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.