No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 328

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Deane 40762

State File No.

Primary Registration District No. 2000

Registrar's No. 911

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

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1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 days (Specify whether years, months or days)
In this community 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1251 Summit
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Edwin F. James

3. (b) If veteran, name war World War I

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Hattie James

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 17, (Day) 1870 (Year)

8. AGE: Years 72 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business Medicine

FATHER
12. Name William James
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Lucy Wade
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. Edwin F. James
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Marshfield, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12-19-42. (Date received local registrar) (b) O. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th year 1942 hour 9:58 minute A. M.

21. I hereby certify that I attended the deceased from Dec 8, 1942, to Dec 18, 1942; that I last saw him alive on Dec 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter E. Drury (M. D. or other)
Address Springfield Mo Date signed Dec. 18, 1942

987

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1943

JAN 12 1943

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.....

Licensed Embalmer No. 1767

P. O. Address Springfield

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.