

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 118

Registration District No. 7

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Ramsays Bldg.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether  
In this community 25 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 1

(c) City or town Carthage 3  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME JAMES P. GEORGE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1943 hour 1:00 minute A. M.

4. Sex Male

5. Color or Race W.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased October 5, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19;  
that I last saw did not see him alive  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>12</u>	hr. min.

Immediate cause of death Myocardial heart failure

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

Due to .....

Due to .....

10. Usual occupation Lawyer

Other conditions Causes of liver  
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER {

12. Name Gholson George

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

14. Maiden name Cynthia Popplewell

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

Major findings: H6 f

Of operations .....

Of autopsy .....

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

16. (a) Informant Mr. Dock George

(b) Address Toronto, Missouri

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? .....

17. (a) Burial Free don, Missouri  
(Burial, cremation, or removal)

(b) Date thereof 6-21-43  
(Month) (Day) (Year)

While at work? (Specify type of place) .....

(e) Means of injury .....

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

23. Signature P. A. Aster (M. D. or other) Coroner

Address Carthage, Mo. Date signed June 18, 1943

19. (a) June 19, 1943 (Date received local registrar)

(b) E. Elizabeth Couplin (Registrar's signature)

1203

43-6-562

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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..... *Eddie Wilmer* .....

Licensed Embalmer No..... *2222* .....

P. O. Address..... *Orthoge* .....

**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.**