

FILED AUG. 5 1943

Registration District No. **2** Primary Registration District No. **1200**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4806 King Hill Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **26 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **4806 King Hill Ave**
(If rural, give location) **no**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **Sophia Theresa James**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **1st**
year **1943** hour **9** minute **15** A.M.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widow **widow**
6. (b) Name of husband or wife **James** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **January 28, 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 1940** to **July 1943**
that I last saw her alive on **June 30 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **63** Months **5** Days **3**
If less than one day hr. min.

Immediate cause of death **Coronary Embolism**
Due to **Diabetes mellitus and endarteritis**
Due to **14 years 6 weeks**

9. Birthplace **Tiffin, Ohio**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **61**

10. Usual occupation **housewife**

11. Industry or business **home**
12. Name **Paul Knecht**
13. Birthplace **Switzerland**
14. Maiden name **Rose Knecht**
15. Birthplace **Ohio**

Major findings: Of operations **61**
Of autopsy

16. (a) Informant **Paul W. James**
(b) Address **4806 King Hill Ave, St. Joseph, Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **7-3-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt Olivet Cemetery**

(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? **Home**

18. (a) Signature of funeral director **Tracy Barry Funeral**
(b) Address **218 South 10th St, St. Joseph**

(Specify type of place) **Home**
(e) Means of injury _____
23. Signature **E. J. Gross** (M. D. or other) **MD**

19. (a) **7-3-43** (b) **Rose Hegoy**
(Date received local registrar) (Registrar's signature)

Address **5008 King Hill** Date signed **7-2-43**

Duration **1 day**
14 years 6 weeks
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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.....

Tom Clark

Licensed Embalmer No. *4216*

P. O. Address *St Joseph R*

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.