

FILED AUG 11 1943  
Registration District No. 294

Primary Registration District No. 3056

State File No. ....

Registrar's No. 142

1. PLACE OF DEATH:

(a) County RANDOLPH  
(b) City or town MOBERLY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: WOODLAND HOSP. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 HRS.  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1, PARIS, MO  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 2  
year 1943 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from July 2, 1943, to July 2, 1943;  
that I last saw him alive on July 2, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Crush of chest  
due to accidental slipping of horse on chest

Due to accidental slipping of horse on chest

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations.....  
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence July 2, 1943

(c) Where did injury occur? Paris Monroe MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home on farm  
(Specify type of place)

While at work? Play (e) Means of injury Horse stepped on him  
23. Signature R.D. Street (M.D. or other)  
Address MOBERLY, MO Date signed 7-4-43

3. (a) PRINT FULL NAME CHARLES WENDELL 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 SINGLE

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

7. Birth date of deceased JAN. 28, 1932  
(Month) (Day) (Year)

8. AGE: Years 11 Months 5 Days 4  
If less than one day hr. min.

9. Birthplace MONROE CO., MO. O  
(City, town, or county) (State or foreign country)

10. Usual occupation IN SCHOOL

11. Industry or business.....

12. Name PAUL JAMES

13. Birthplace COLO. I  
(City, town, or county) (State or foreign country)

14. Maiden name VIRGINIA HALL

15. Birthplace RANDOLPH CO. MO. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul James

(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 4, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Slakey

(b) Address PARIS, MO.

19. (a) 7-3-43 (b) Irma Nave  
(Date received local registrar) (Registrar's signature)

1036

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-43-1299

Date Filed AUG 10 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.....

*A. G. Blakey*

Licensed Embalmer No. 2614

P. O. Address PARIS, MO.

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.