

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 52

1. PLACE OF DEATH:  
(a) County Lafayette  
(b) City or town Higginsville Mo.  
(c) Name of hospital or institution: Nil  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Nil (Specify whether  
In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lafayette  
(c) City or town Higginsville Mo.  
(d) Street No. 114 West 19th Street  
(If outside city or town limits, write "RURAL" (Figure, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country A

3. (a) PRINT FULL NAME Louis James  
3. (b) If veteran, No name war  
3. (c) Social Security No. 495-05-9671

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 21 year 1943 hour 2:30 minute SA:M.

4. Sex Male 5. Color Col. 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 27 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 27 1943 to Aug 6 1943  
that I last saw him alive on Aug 6 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>3</u>	<u>24</u>	<u>—</u> hr. <u>—</u> min.

Immediate cause of death Returned from Ellis Fischel State Hospital Aug 18-43  
to lie in at home - Higginsville, Mo  
Baronoma left branches  
Due to metastasis

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

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

10. Usual occupation Miner  
11. Industry or business Miner

Major findings: Of operations no operations  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name Jessie James  
13. Birthplace Lafayette County Missouri  
(City, town or county) (State or foreign country)  
14. Maiden name Thelma Workoff  
15. Birthplace Lafayette Co Missouri  
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Bud Mae McKen  
(b) Address Higginsville Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Higginsville Mo.

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?

18. (a) Signature of funeral director Green & Sons  
(b) Address Lexington Missouri  
19. (a) 8-26-1943 (Date received local registrar)  
Dr. W.A. Braeckler (Registrar's signature)

23. Signature Geo P West (Specify type of place) (a) Means of injury \_\_\_\_\_  
Address Lexington, Mo Date signed 8/26/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-7-40

**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 William Hanley

Licensed Embalmer No. 3105

P. O. Address Lexington, 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.**