

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35323**
Registrar's No. **123**

ED NOV 8 1943
Registration District No. **227**

Primary Registration District No. **5804**

1. PLACE OF DEATH:

(a) County **MONROE**
(b) City or town **RURAL - JACKSON TWP.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **FAIRVIEW HEIGHTS**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)
In this community **12 years**

3. (a) PRINT FULL NAME **CHARLOTTE DELOS JAMES**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **FEMALE** 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 **FEB 3, 1931**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 8 0 hr. min.

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

10. Usual occupation **IN SCHOOL**

11. Industry or business **✓**

12. Name **LON JAMES**

13. Birthplace **FT. MORGAN, COLO.**
(City, town, or county) (State or foreign country)

14. Maiden name **IYA RUTH THURSTON**

15. Birthplace **QUINCY, ILL.**
(City, town, or county) (State or foreign country)

16. (a) Informant **LON JAMES**

(b) Address **PARIS, MO.**

17. (a) **BURIAL** (b) Date thereof **OCT. 5 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE**

18. (a) Signature of funeral director **Speed at blacky**
(b) Address **PARIS, MO.**

19. (a) **10-4-43** (b) **Thayne Wilson**
(Date received local registrar) (Registrar's signature)

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. **FAIRVIEW HEIGHTS**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **3**
year **1943** hour **4** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **10/3/43** to **10/3/43**
that I last saw **✓** alive on **10/3/43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis 3 months**

Due to **Heart failure** 10 Days

Due to **✓**

Other conditions (Include pregnancy within 3 months of death)

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?

While at work (Specify type of place) Means of injury **✓**

23. Signature **Thayne Wilson** (M. D. or other)

Address **PARIS, MO** Date signed **10-4-43**

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

RECEIVED

District Health Officer No. 10

District File Number 11-43-1762

Date Filed NOV 5 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.....

A. B. Blakey

Licensed Embalmer No. 2416

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.