

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **49438**

FILED JAN 11 1944

Registration District No. **5455**

Primary Registration District No. **7201**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Greene**  
(b) City or town **Republic**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Andella E. 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 **married**  
6. (b) Name of husband or wife **Tobie James** 6. (c) Age of husband or wife if alive **23** years  
7. Birth date of deceased: **Sept 22 1874**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **28** If less than one day hr. min.

9. Birthplace **Springfield Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **James Font**  
13. Birthplace **Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **W.K.**  
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Chas. Mcmunes**  
(b) Address **Republic**  
17. (a) **Buried** (b) Date thereof **Dec 26 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Pleasant**

18. (a) Signature of funeral director **Culvers**  
(b) Address **Cassville Mo.**  
19. (a) **Dec. 23 1943** (b) **Gloria Britain**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**  
(c) City or town **Washburn**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **/**  
(If rural, give location)  
(e) Citizen of foreign country? **/** (Yes or No)  
If yes, name country **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20**  
year **1943** hour **11** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **Dec 19-43**  
to **Dec 19**, 1943  
that I last saw him alive on **Dec 19**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Religious Organization of the Heart** Duration

Due to **Influenza**

Due to **/**

Other conditions **Senility**  
(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) (e) Means of injury **—**

23. Signature **E. L. Neal** (M. D. or other) **MD**  
Address **Republic Mo.** Date signed **12-22-43**

RECEIVED

Greene County Health Office

County File Number 44-1-8

Date Filed 1-10-44

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.....

Margaret Culver....., Registered Apprentice No. 357  
working under my personal supervision.

Signed J. E. Culver.....

Licensed Embalmer No. 3584

P. O. Address Cassville

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.