S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42523
State File No.

FILED JAN 7 1944
Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 328

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
(Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town ~~Independence~~ Rural Blue Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 Ralston Ave ~~Ind~~
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse Melvin 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 Married

6. (b) Name of husband or wife Annie Forrest James

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct (Month) 10 (Day) 1868 (Year)

8. AGE: Years 75 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Pleasanton (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Cattle Foreman

11. Industry or business Wilson Packing Co

MOTHER FATHER
12. Name Milton James
13. Birthplace Georgia Town (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Emily Searles
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Annie Forrest James
(b) Address 1412 Ralston Ave Indep Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director O.E. Whitehead
(b) Address 310 N Main St Independence Mo

19. (a) 12-22-1943 (Date received local registrar) James A Ross (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1943 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Mar. 13, 1943, to Dec. 20, 1943; that I last saw him alive on Dec. 19, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Sudden Death
Due to Coronary Sclerosis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death) Arterial Hypertension	Years

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Chas. E. Brooks (M. D. or other)
Address Independence, Mo. Date signed 12/21/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1945

NOV 9 1945

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Henry L. Mitchell

Licensed Embalmer No. 3925

P. O. Address Sedalia 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.